FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5863

6010 STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3057 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Inside Limits Yes ☐ No ☑
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. #3 — Length of stay in Hospital 70 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN Moberly 0580 3 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS R.F.D. #3 (If outside, give location) — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First ANNA Middle SOPHIA Last SCHMIDT

4. DATE OF DEATH Month Feb Day 9 Year 1957

5. SEX Female
6. COLOR OR RACE White 1
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ 2 DIVORCED ☐
8. DATE OF BIRTH Feb 1 1873
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Germany 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Sander
14. MOTHER'S MAIDEN NAME Elizabeth Reater

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Est. Wiggs Address R.F.D. #3 Moberly

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic coronary thrombosis — 5 minutes
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Generalized Osteoarthritis severe 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____ to ____ and last saw him alive on February 21, 1956
Death occurred at 7:00 A m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) Clarence Clobes M.D.
22b. ADDRESS Moberly, Mo
22c. DATE SIGNED Feb 12 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb 11-1957
23c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery
23d. LOCATION (City, town, or county) (State) Moberly Missouri
24a. FUNERAL DIRECTOR Cates Funeral Home ADDRESS Moberly Mo
25. DATE REC'D BY LOCAL REG. 2-11-57
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Jerry R. Carter

Licensed Embalmer No. 492

P. O. Address Moberly

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.