

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24084

STATE FILE NUMBER

FILED AUG 5 1957

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Washington</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp. 1 yr.</u> Length of stay in lb		d. STREET ADDRESS <u>Gen. Del.</u> (Outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>George T. Schmidt</u> First <u>George</u> Middle <u>T.</u> Last <u>Schmidt</u>		4. DATE OF DEATH <u>July 31, 1957</u> Month <u>July</u> Day <u>31</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 12, 1886</u>
9a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) <u>Office Work</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Int. Shoe Co.</u>	9c. BIRTHPLACE (City and name of country) <u>Cherwell, Illinois</u>
10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) <u>Office Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Int. Shoe Co.</u>	10c. BIRTHPLACE (City and name of country) <u>Cherwell, Illinois</u>
11. BIRTHPLACE (City and name of country) <u>Cherwell, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT <u>Mrs. Rose M. Schmidt</u> Address <u>Washington, Mo.</u>		18. CAUSE OF DEATH [Enter only one cause per line (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Liver</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>8 mos</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____	
20c. TIME OF INJURY _____ a. m. _____ p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from <u>July 15, 1957</u> to <u>July 31, 1957</u> and last saw him alive on <u>July 31, 1957</u> . Death occurred at <u>7:00 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>L O Murch M.D.</u> (Degree or title)		22b. ADDRESS <u>2524 Washington Mo</u>	
22c. DATE SIGNED <u>8-2-57</u>		23. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial Aug 3, 1957</u>		23b. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>	
24. FUNERAL DIRECTOR <u>Nieburg Witt, Inc. Washington, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>8/2/57</u>	
25. REGISTERAR'S SIGNATURE <u>R. J. Hedman</u>		26. REGISTERAR'S SIGNATURE _____	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

000 -56
Doctor, colorist, etc. must use only standard nomenclature in item 10. No symptoms with abbreviations. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

OCT 1 1958

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 Vern S. Vedder Student Embalmer No. 5
working under my personal supervision.

Student Vern S. Vedder
Signature of Student Embalmer

Signed Lester H. Witt
Licensed Embalmer No. 32

P. O. Address Washington

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.