

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25678

State File No. ....

FILED JUL 17 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5943 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <b>Edgar Springs Springcreek</b>		c. CITY OR TOWN <b>Edgar Springs</b>	
c. LENGTH OF STAY (in this place) <b>21 yrs.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Edgar Springs, Mo.</b>		STREET ADDRESS (If rural, give location) <b>Edgar Springs, Mo. Springcreek</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD</b>		b. (Middle) <b>GEORGE</b>	
c. (Last) <b>SCHMIDT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 11, 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 1, 1875</b>
9. AGE (In years) last birthday <b>82</b>		IF UNDER 1 YEAR Months <b>05</b> Days <b>10</b>	IF UNDER 24 HRS. Hours <b>00</b> Min. <b>00</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Theodore Schmidt</b>	
13b. MOTHER'S MAIDEN NAME <b>Madelene Hinkle</b>		14. NAME OF HUSBAND OR WIFE <b>Mable Schmidt</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mable Schmidt, Edgar Springs, Mo.</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac &amp; pulmonary arrest</b> INTERVAL BETWEEN ONSET AND DEATH <b>Not known</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cachexia &amp; debilitation</b> DUE TO (c) <b>carcinomas due to carcinoma of Recto-Sigmoid junction</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <b>SUICIDE HOMICIDE</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>Oct. 1956</b> to <b>July 1957</b> , that I last saw the deceased alive on <b>July 9, 1957</b> , and that death occurred at <b>7:00 p.m.</b> from the causes and on the date stated above.	
23a. SIGNATURE <b>B. J. Myers D.O.</b> (Degree or title)		23b. ADDRESS <b>Fitching, Mo.</b>	
23c. DATE SIGNED <b>7-13-57</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>7-13-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial Garden</b>	
24d. LOCATION (City, town, or county) (State) <b>Rolla, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Nadine L. Stoll</b> ADDRESS <b>1100 Elm, Rolla, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>July 13, 1957</b>		REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer

County File Number 750

Date Filed 1958 8 1 787

AUG 14 1957

JUL 24 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed.....  
*Carl J. Glenn*  
Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.