

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

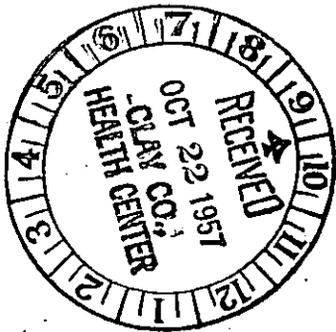
State File No. **35161**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, give RURAL and give town) <b>Excelsior Springs</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>Excelsior Spgs</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Excelsior Springs Hospital</b>		STREET ADDRESS (If rural, give location) <b>526 Elms Blv'd</b>	
3. NAME OF DECEASED a. (First) <b>ELIZABETH</b>		b. (Middle)	c. (Last) <b>SCHMITT</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 11 1957</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>April 17 1881</b>		9. AGE (In years last birthday) <b>76</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Cuba Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John McCamant</b>		13b. MOTHER'S MAIDEN NAME <b>Augusta Wysong</b>	
14. NAME OF HUSBAND OR WIFE <b>#####</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>James H. McCamant - Excelsior Spgs</b>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary atherosclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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 SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4201</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>6-1</b> , 19 <b>55</b> , to <b>10-11</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>10-11</b> , 19 <b>57</b> , and that death occurred at <b>11:40 A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>David Musgrave M.D.</b>		23b. ADDRESS <b>Excelsior Springs, Mo.</b>	
23c. DATE SIGNED <b>10-12-57</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>Oct 14 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Marys Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Peoria, Illinois</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Virgil Hope</b>	
DATE REC'D BY LOCAL REG. <b>10/16/57</b>		REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>	
25. FUNERAL DIRECTOR'S ADDRESS <b>Excelsior Spgs</b>		26. STATEMENT ON REVERSE SIDE	

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

620



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~~ ....., Student Embalmer No. .... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed *James A. Moles*.....  
Licensed Embalmer No. .... 3296

P. O. Address **Excelsior Spg**.....

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.