

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47364

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 6239

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeside Hosp.		Length of stay in lb 65 yrs	d. STREET ADDRESS (If outside, give location) 2523 Bales		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HUGO Middle F. Last SCHMIDT			4. DATE OF DEATH Month Dec. Day 30 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 5, 1884	9. AGE (In years last birthday) 73	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) Picture Framer		10b. KIND OF BUSINESS OR INDUSTRY Roberts Picture	11. BIRTHPLACE (City and state or country) Jefferson City, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Hugo Schmidt		13b. MOTHER'S MAIDEN NAME Josepha Neutzler		14. NAME OF HUSBAND OR WIFE Elizabeth M. Schmidt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-10-6397	17. INFORMANT Address Mrs. Elizabeth M. Schmidt, 2523 Bales		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Toxemia PERITONITIS DUE TO (b) peritononitis, due to Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) perforation of ulcer of stomach					INTERVAL BETWEEN ONSET AND DEATH 3 days 3 days 3 days.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) scerrous carcinoma of stomach of over 8 mos - 151X					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 8-10-57 to 12-30-57 and last saw her him alive on 12-30-57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. Myron Auld, D.O.			22b. ADDRESS 3504 Troeschau, K.C.		22c. DATE SIGNED 12/31/57
23a. BURIAL, CREATION, REMOVAL (Specify) Burial		23b. DATE 1-2-58	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) Hickman Mills, Mo.	
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home			25. DATE RECD. BY LOCAL REG. 12-31-57	26. REGISTRAR'S SIGNATURE neva munsell	

Linwood-Woodland

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. J. Myron Auld, D.O. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

Dr. J. Myerson Aulid
3504 Transit
Lo 1-8835

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3 PM

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 *John A. Redman*

Licensed Embalmer No. *5025*

P. O. Address *July, 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.