

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1958

1782

STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Germany b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Gaste
c. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center (Location)		Length of stay in lb 45 Min	d. STREET ADDRESS 29 (If outside, give location)
3. NAME OF DECEASED (Type or print) Wilhelm Schmidt		First Middle Last	4. DATE OF DEATH January 17, 1958 Month Day Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 3, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Grain & Stock	9. AGE (In years last birthday) 79 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (City and state or country) Krotonhin, Poland		12. CITIZEN OF WHAT COUNTRY? Germany	
13a. FATHER'S NAME Gotlib Schmidt		13b. MOTHER'S MAIDEN NAME Anna	14. NAME OF HUSBAND OR WIFE Auguste Kutz 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. None	17. INFORMANT RFD address Mrs. Wanda Stach, Knobnoster, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thoracic hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Perforation left lung DUE TO (c) Compression injury to chest			INTERVAL BETWEEN ONSET AND DEATH 1 hr.
20a. ACCIDENT <input checked="" 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.) Result of Automobile Accident, Head on Collision	
20c. TIME OF INJURY 5:55 p.m. 1/17/58		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 13		20f. CITY, TOWN, OR LOCATION 651 COUNTY STATE 3 1/2 Mi. S, Warrensburg, Johnson, Mo.	
21. I attended the deceased from _____ to _____ and last saw him/her alive on 1-17-58 Death occurred at 7:07 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS Warrensburg Mo	22c. DATE SIGNED 1-19-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 21, 1958	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill	23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri
24. FUNERAL DIRECTOR ADDRESS Sweeney-Phillips, Warrensburg, Mo		25. DATE RECD. BY LOCAL REG. Jan. 20, 1958	26. REGISTRAR'S SIGNATURE [Signature]

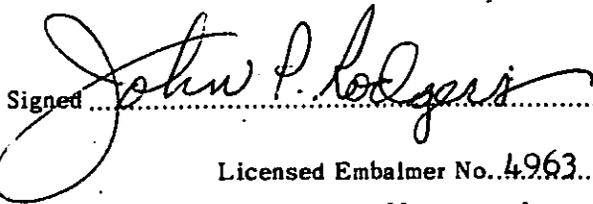
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 

Licensed Embalmer No. 4963.....
P. O. Address Warrensburg, 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.