

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013782

STATE FILE NUMBER

FILED MAY 1 1958

Registration District No. 110 Primary Registration District No. 4810 Registrar's No. 43

0360

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Franklin		b. CITY (If outside corporate limits, give TOWNSHIP only) Berger		a. STATE Missouri		b. COUNTY Franklin	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION Her Home		Length of stay in 1b 50 Yrs		c. CITY OR TOWN Berger		d. STREET ADDRESS (If outside, give location) Main Street	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First ROSA		Middle MATILDA		Last SCHMIDT		Month Apr Day 26 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 4, 1871	9. AGE (In years last birthday) 87		IF UNDER 1 YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Berger RFD Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Fritz Schaffner				14. MOTHER'S MAIDEN NAME Susan Boehrn			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Ralph Schmidt Address Berger, 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) Coronary heart disease DUE TO (b) myocardial infarction - subject died without medical attendance DUE TO (c) without medical attendance PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200						INTERVAL BETWEEN ONSET AND DEATH	
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 WORK <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		20g. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 5:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Ralph Schmidt (Degree or title)				22b. ADDRESS Berger Mo.		22c. DATE SIGNED 4/28/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-29-58		23c. NAME OF CEMETERY OR CREMATORY St. John's E&R Cem		23d. LOCATION (City, town, or county) (State) Berger Mo	
24. FUNERAL DIRECTOR Faust Blumner ADDRESS Berger Mo		25. DATE RECD. BY LOCAL REG. 4/28/58		26. REGISTRAR'S SIGNATURE Nathia Murphy			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 2 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 ROGER W. BLUMER Student Embalmer No. 55 working under my personal supervision..

Student Rog. W. Blumer
Signature of Student Embalmer

Signed Roger W. Blumer
Licensed Embalmer No. 31

P. O. Address Hermon

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.