

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021470
State File No.

FILED JUL 14 1958

BIRTH NO. _____ REG. DIST. NO. 15-116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give town) Washington		c. CITY (If outside corporate limits, write RURAL and give township) Washington	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 817 E. Third St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 817 E. Third St.			

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE	b. (Middle) ROSINA	c. (Last) SCHMIDT	4. DATE OF DEATH (Month) (Day) (Year) July 3, 1958
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 4, 1882	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 9 Days 29	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Danvers, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Adam Scharfenberg	13b. MOTHER'S MAIDEN NAME Anna Rein	14. NAME OF HUSBAND OR WIFE Rev. Paul T. Schmidt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Theodore Schmidt	ADDRESS Washington
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholelithiasis chr. Duodenal ulcer		10 years 6 months	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2
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) 4221

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?
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22. I hereby certify that I attended the deceased from 1925, 19 , to July 3, 1958, that I last saw the deceased alive on July 3, 1958, and that death occurred at 10:15 a. m., from the causes and on the date stated above.

23a. SIGNATURE Frank G. Mass M.D. (Degree or title)	23b. ADDRESS Washington, MO	23c. DATE SIGNED 7/5/58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/6/58	24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	24d. LOCATION (City, town, or county) (State) Washington, Missouri
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DATE REC'D BY LOCAL REG. 7/5/58	REGISTRAR'S SIGNATURE F. C. Schickman	25. FUNERAL DIRECTOR'S SIGNATURE Henry W. Otto	ADDRESS Washington
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(Licensed Embalmer's Statement on Reverse Side)

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

99
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JUL 16 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

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 this body is not embalmed, fact should be so stated above.