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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033314
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 83

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: RURAL - ROCK TOWNSHIP — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION: HIGHWAY 61-67 NEAR BARNHART Mo — Length of stay in 1b: D.O.A.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST. GENEVIEVE
c. CITY OR TOWN: 095 0 R. R. — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): NEAR WEINGARDEN Mo. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: HARRIS Middle: A. Last: Schmidt.

4. DATE OF DEATH: Month: SEPT. Day: 6, Year: 1958

5. SEX: MALE 0

6. COLOR OR RACE: WHITE

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ / **DIVORCED** ☐

8. DATE OF BIRTH: APR 22. 1932

9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR: Months: 4 Days: 14 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER

10b. KIND OF BUSINESS OR INDUSTRY: TRUCKING Co.

11. BIRTHPLACE (City and state or country): CADET Mo. 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: HOMER SCHMIDT

13b. MOTHER'S MAIDEN NAME: KATHLEEN HARRIS

14. NAME OF HUSBAND OR WIFE: NORMA Nee CRAIG

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): 5 YRS.

16. SOCIAL SECURITY NO.: 492-34-2881

17. INFORMANT Address: HOMER SCHMIDT WEINGARDEN Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): multiple fractures — INTERVAL BETWEEN ONSET AND DEATH:
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Auto - Truck collision.

20c. TIME OF INJURY: Hour 3:00 p.m. Month, Day, Year 9/6/58

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway.

20f. CITY, TOWN, OR LOCATION: Rock Twsp. 050 **COUNTY**: Jeff. **STATE**: Mo.

21. I attended the deceased from Inquest, to _____ and last saw her/him alive on _____
Death occurred at 3:00 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James A. Pelmulder Coroner 3

22b. ADDRESS: Festus Mo.

22c. DATE SIGNED: 9/6/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Sept 9-58

23c. NAME OF CEMETERY OR CREMATORY: OUR LADY HELP OF CHRISTIANS

23d. LOCATION (City, town, or county) (State): WEINGARDEN - Mo.

24. FUNERAL DIRECTOR ADDRESS: HEILIGTAG - IMPERIAL - Mo.

25. DATE RECD. BY LOCAL REG.: 9-6-58

26. REGISTRAR'S SIGNATURE: Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Only enter conditions in Item 18. No symptoms will be listed.

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SEP 2 2 1958

APR 2 1 1959

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 1 6 1958

VS JUN 1 0 1959

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 Arthur W. Heiligtag

Licensed Embalmer No. 3872

P. O. Address Imperial 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.