

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036596

STATE FILE NUMBER

FILED NOV 14 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4976

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) 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 Montrose 04200
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospt.		Length of stay in lb 1 Hr.	d. STREET ADDRESS (If outside, give location) In Montrose
3. NAME OF DECEASED (Type or print) First Marion Middle Schmedding Last Schmedding		4. DATE OF DEATH Month 10 Day 17 Year 58	
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 4-18-26
9a. AGE (In years last birthday) 32		9b. UNDER 1 YEAR Months 0 Days 0	9c. IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker		10b. KIND OF BUSINESS OR INDUSTRY Trucking	11. BIRTHPLACE (City and state or country) Nevada, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Clemence Schmedding	
13b. MOTHER'S MAIDEN NAME Lena Gook		14. NAME OF HUSBAND OR WIFE Betty Ann Schmedding	
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. 505-30-7254	17. INFORMANT Address Betty Ann Schmedding, Montrose, 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) Shock & Hemorrhage DUE TO (b) Compensated for & Femoral Penetrating DUE TO (c) Wound Chest with several Air Bubbles PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Numerous Abrasions			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? 1 YES NO		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.) Car struck safety Island		20c. TIME OF INJURY Hour 3:30 a.m. 10-19-58	
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, factory, store, office bldg., etc.) Street	20f. CITY, TOWN, OR LOCATION Kansas City Jackson Mo
21. I attended the deceased from _____ to _____ and last saw him alive on _____ 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) Hugh H Owens Curator		22b. ADDRESS 1034 Riatta Bldg	22c. DATE SIGNED 10-17-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-20-58	23c. NAME OF CEMETERY OR CREMATORY St. Marys	23d. LOCATION (City, town, or county) (State) Montrose, Mo.
24. FUNERAL DIRECTOR Sickman & Dunning, Clinton, Mo.		25. DATE RECD. BY LOCAL REG. 10-22-58	26. REGISTRAR'S SIGNATURE neva minshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Hugh H. Owens

NOV 14 1958

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X
X

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 *Jack S. Moore*

Licensed Embalmer No. *4729*

P. O. Address *Kansas City*

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.