

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044925

FILED DEC 29 1958

Registration District No. 209 Primary Registration District No. 5766 Registrar's No. 423

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal Miller Twsp Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Hannibal Miller Twsp Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF DECEASED (Type or print) LILLIE ANNA ELIZABETH SCHMIDT		d. STREET ADDRESS R R # 7 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last		4. DATE OF DEATH Month Day Year	
LILLIE ANNA ELIZABETH SCHMIDT		December 9, 1958	
5. SEX Female	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 July 25, 1887
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) 71 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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	10c. BIRTHPLACE (City and state or country) Fall Creek Illinois
11. BIRTHPLACE (City and state or country) Fall Creek Illinois		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Charles C. Marx		13b. MOTHER'S MAIDEN NAME Caroline Zimmerman	
14. NAME OF HUSBAND OR WIFE George Edward 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.		17. INFORMANT Carson Schmidt, Hannibal Missouri Address 	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial pneumonia DUE TO (b) Cerebral Hemorrhage & Hemiplegia DUE TO (c) Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			INTERVAL BETWEEN ONSET AND DEATH 3 ds. 3 yrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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		COUNTY STATE	
21. I attended the deceased from 1953 to Dec 9, 1958 and last saw her alive on Dec 9, 1958 Death occurred at 11:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. A. Hill M.D. (Degree or title)		22b. ADDRESS Palmyra Mo.	
22c. DATE SIGNED Dec 12, 1958		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 12/11/58		23c. NAME OF CEMETERY OR CREMATORY Big Creek Cemetery	
23d. LOCATION (City, town, or county) (State) Rolls County Missouri		24. FUNERAL DIRECTOR F. Crawford Smith, Hannibal Missouri ADDRESS 	
25. DATE RECD. BY LOCAL REG. 12-16-1958		26. REGISTRAR'S SIGNATURE Dr. E. M. Luckey by J. C. Fisher	

RECEIVED DEC 22 1958

MARION CO. HEALTH DEPT.

DATE FILED DEC 22 1958

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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 *John S. Ward*

Licensed Embalmer No. 4540

P. O. Address Hannibal, Missouri

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.