

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000896
STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 5493 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Mo b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROCK TWP.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 0370	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mi. E. of GASCONADE	Length of stay in 1b 4045	d. STREET ADDRESS (If outside, give location) 1 mi. E. of GASCONADE	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JULIA CAROLINE SCHMIDT			4. DATE OF DEATH Month Day Year JAN. 5-1959			
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5. SEX FEMALE	6. COLOR OR RACE CAU.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 28-1880	9. AGE (In years last birthday) 78	FUNDER 1 YEAR Months Days	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Household	11. BIRTHPLACE (City and state or country) HERMANN Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME FRANK BIRKEL	13b. MOTHER'S MAIDEN NAME ELIZABETH BAUMBACHTNER	14. NAME OF HUSBAND OR WIFE HENRY SCHMIDT
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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. None	17. INFORMANT Hy Schmidt RFD Hermann Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ Pneumonia. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 1. days
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 <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.) 493K
20c. TIME OF INJURY Hour a.m. Month, Day, Year 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 HERMANN	COUNTY Mo.	STATE
21. I attended the deceased from 12/31/58 to 1/5/59 and last saw her alive on 1/5/59 . Death occurred at 9:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE S. W. Gaston (Degree or title) P.O. 2	22b. ADDRESS Hermann, Mo.	22c. DATE SIGNED 1/6/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1/8/59	23c. NAME OF CEMETERY OR CREMATORY HERMANN CEMETERY	23d. LOCATION (City, town, or county) (State) HERMANN Mo.
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24. FUNERAL DIRECTOR HUGO H. Blumer	ADDRESS HERMANN Mo	25. DATE RECD. BY LOCAL REG. 1-7-59	26. REGISTRAR'S SIGNATURE Delma Uffelmaier
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *Hugh H. Leunig*
Licensed Embalmer No. *3160*
P. O. Address *Herrmann*

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.