

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000897
STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 5436 Registrar's No. 9

300
1-57

1. PLACE OF DEATH a. COUNTY GASCONADE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY GASCONADE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BOULWARE TWP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN (BOULWARE TWP)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 MI. E. OF MT. STERLING		Length of stay in 1b 6 YRS	d. STREET (If outside, give location) ADDRESS 3 MI. E. OF MT. STERLING		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SAMUEL Middle JOHN Last SCHMITT			4. DATE OF DEATH Month JAN. Day 21 Year 1959		
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 JAN. 8 - 1887		9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY BUILDING	11. BIRTHPLACE (City and state or country) FREDERICKSBURG Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME JOHN SCHMITT		13b. MOTHER'S MAIDEN NAME WILHELMINA RIEKS		14. NAME OF HUSBAND OR WIFE EMMA SCHMITT	
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. 492-36-7201A		17. INFORMANT Address EMMA SCHMITT RED BAY, 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) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Artery Disease DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Cholelithiasis					INTERVAL BETWEEN ONSET AND DEATH sudden
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 _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT <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 _____, to _____ and last saw her/him alive on _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Charles Schmitt M.D.			22b. ADDRESS Gerald		22c. DATE SIGNED 1-23-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-26-59	23c. NAME OF CEMETERY OR CREMATORY ST. LUCAS CEMETERY		23d. LOCATION (City, town, or county) (State) SAPPINGTON Mo.
24. FUNERAL DIRECTOR HUGO H. BLUMER		ADDRESS HERMANN, Mo.		25. DATE RECD. BY LOCAL REG. 1-24-59	26. REGISTRAR'S SIGNATURE Delma Uffelmann

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 6 19

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 *August B. Berman*

Licensed Embalmer No. *3160*
P. O. Address *S. Hermann*

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.