

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018697

STATE _____ MBER 68-

FILED MAY 19 1959 Registration District No. 278 Primary Registration District No. 3034 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>LOUISIANA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>LOUISIANA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>PIKE COUNTY HOSPITAL</u>		Length of stay in 1b <u>LIFE</u>	d. STREET ADDRESS (If outside, give location) <u>1009 GEORGIA</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u>A</u> Last <u>SCHMITT</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>2</u> Year <u>1959</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN 21. 1872</u>	9. AGE (In years last birthday) <u>87.</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, e.g., <u>tailor</u>)		10b. KIND OF BUSINESS OR <u>INDUSTRY</u>	11. BIRTHPLACE (City and state or country) <u>LOUISIANA MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>JOHN SCHMITT</u>		13b. MOTHER'S MAIDEN NAME <u>MINA SCHLIEPER</u>		14. NAME OF HUSBAND OR WIFE <u>KITTY CULYER SCHMITT</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>MRS KITTY SCHMITT LOUISIANA MO</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Renal Failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u>
DUE TO (b) <u>Arteriosclerotic cardio-renal disease</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } <u>also Strangulated hernia. 3/3/59</u> <u>Followed by post-operative incisional abscess and</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>442X</u>					
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. Month, Day, Year _____			-----		
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 <u>1949</u> to <u>5-2-59</u> and last saw him ^{alive} on <u>5-2-59</u> Death occurred at <u>8:34 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Chas H Luweller</u>			22b. ADDRESS <u>Louisiana Mo</u>		22c. DATE SIGNED <u>5-5-59</u>
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>BURIAL</u>		23b. DATE <u>MAY 5-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>RIVERVIEW CEM</u>		23d. LOCATION (City, town, or county) (State) <u>LOUISIANA MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>GEORGE COLLIER. LOUISIANA MO</u>			25. DATE RECD. BY LOCAL REG. <u>May 16-59</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Every coroner, physician, nurse, or other person who certifies to the cause of death is liable for any error or omission. All diseases in Part I must be causally related.

MS
APR 26 1930

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 *Geo. M. Callahan*

Licensed Embalmer No. *3839*
P. O. Address *Louisiana*

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.