

pt. Health,  
& Welfare  
S. Public  
Health Service

S. 300  
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-026274

STATE FILE NUMBER

FILED VS JUL 29 1959

Registration District No. 301 Primary Registration District No. Registrar's No. 42

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>RIPLEY.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI.</u> b. COUNTY <u>RIPLEY.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL-</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>RURAL.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First <u>KARL</u> Middle <u>-</u> Last <u>SCHMID.</u>		4. DATE OF DEATH Month <u>6</u> Day <u>25</u> Year <u>1959.</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-3-1860.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DOCTOR.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MEDICAL.</u>	11. BIRTHPLACE (City and state or country) <u>BIRMINGHAM, ALA.-</u>
13a. FATHER'S NAME <u>UNKNOWN.</u>		13b. MOTHER'S MAIDEN NAME <u>- BASTLER.</u>	14. NAME OF HUSBAND OR WIFE <u>HELENA H. SCHMID-dec</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>-</u>	17. INFORMANT <u>Bill Schmid.</u> Address <u>FREMONT, 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>DEATH WITHOUT MEDICAL ATTENDANCE.</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>7955</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</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. _____			
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 _____, to _____ and last saw her alive on _____ Death occurred at <u>8:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ray Mearns; Coronet, 3</u>		22b. ADDRESS <u>DONIPHAN, MISSOURI.</u>	22c. DATE SIGNED <u>6-28-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL.</u>	23b. DATE <u>6-28-1959.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WILDERNESS CEMETARY.</u>	23d. LOCATION (City, town, or county) (State) <u>OREGON COUNTY, MO.-</u>
24. FUNERAL DIRECTOR <u>John D. Clay, att. nec</u>		25. DATE RECD. BY LOCAL REG. <u>7-24-59</u>	26. REGISTRAR'S SIGNATURE <u>Flava Broz.</u>

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 A. Hart*.....  
Licensed Embalmer No. *4475*.....

P. O. Address *Box 398, Ellen*.....

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.