MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 13 1959

59-032118
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 247

DED

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clinton
Length of stay in 1b: 5 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Clinton General Hosp
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Henry
c. CITY OR TOWN: Clinton
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 710 E. Ohio.
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Martha Middle: Gladys Last: Schmidt
4. DATE OF DEATH: Month: October Day: 3 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: April 30, 1916
9. AGE (last birthday): 43
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: 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: Housekeeping
11. BIRTHPLACE (City and state or country): Pipestone Minn.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Wallace Tragg.
13b. MOTHER'S MAIDEN NAME: Mable Flemming
14. NAME OF HUSBAND OR WIFE: Albert J. Schmidt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 474-24-7238
17. INFORMANT: Albert J. Schmidt Address: CLINTON Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis & Bowel Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of breast — 1 yr
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 WORK ☐ NOT WHILE AT WORK ☐
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 July 15, 59 to Oct 3, 59 and last saw her alive on Oct 3, 59
Death occurred at 7 00 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. D. Bradshaw (Degree or title) MD
22b. ADDRESS: Clinton, Mo.
22c. DATE SIGNED: 10/4/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Oct, 4 1959
23c. NAME OF CEMETERY OR CREMATORY: St Paul
23d. LOCATION (City, town, or county) (State): St Paul Minnesota

24. FUNERAL DIRECTOR ADDRESS: Sickman & Dunning Clinton Mo.
25. DATE RECD. BY LOCAL REG.: Oct 5-59
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS OCT 15 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R. L. Dunning

Signature of Student Embalmer

Licensed Embalmer No. 4710

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.