URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–039581

STATE FILE NUMBER

FILED VS DEC 15 1959

Registration District No. 112 Primary Registration District No. 5428 Registrar's No. 18

AMENDED

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BOONE TOWNSHIP
Length of stay in 1b LIFE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jos Meyer Ambulance Boone
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Franklin
c. CITY OR TOWN Gerald Mo.
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ARTHUR F Middle Last SCHMIDT
4. DATE OF DEATH Month 12 Day 8 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-30-1897
9. AGE (last birthday) 62
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) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory
11. BIRTHPLACE (City and state or country) Leslie RRI Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John J. Schmidt
13b. MOTHER'S MAIDEN NAME Marie Mueller
14. NAME OF HUSBAND OR WIFE Amanda Lee Meyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 489-12-9922
17. INFORMANT Amanda Schmidt Address

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) Acute Compounded Infarction — INTERVAL BETWEEN ONSET AND DEATH 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary atherosclerosis
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 1958 to 1959 and last saw him alive on 12-8-59
Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas C Schmidt M.D. (Degree or title)
22b. ADDRESS Gerald
22c. DATE SIGNED 12-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE 12-12-59
23c. NAME OF CEMETERY OR CREMATORY St. Paul
23d. LOCATION (City, town, or county) Gerald (State) Mo

24. FUNERAL DIRECTOR J Meyer ADDRESS Gerald Mo
25. DATE RECD. BY LOCAL REG. Dec. 10-1959
26. REGISTRAR'S SIGNATURE John Charles Finley

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

DEC 22 1959

JAN 5 1960

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 Stanley E Meyer

Licensed Embalmer No. X639

P. O. Address Gerald M

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