

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS FEB 8 1960 273

Primary Registration District No. _____ Registrar's No. 19

-60-002751
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Perry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bois Brule Twp.	Length of stay in 1b Life	c. CITY OR TOWN Perryville	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Perryville, Rte. 4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Rte. # 4	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Karl Middle Martin Last Schmidt			4. DATE OF DEATH Month 2 - Day 1 - Year 60				
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-22-59	9. AGE (last birthday) IF UNDER 1 YEAR: Months 1 Days 10 IF UNDER 24 HR: Hours 10 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Alfred P. Schmidt	13b. MOTHER'S MAIDEN NAME Elizabeth L. Aurich	14. NAME OF HUSBAND OR WIFE
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. None
17. INFORMANT Address Alfred P. Schmidt, Perryville R.4		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction (acute) Circulatory occlusion (Coronary) (CORONARY)		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) Coroner of Perry County, Mo.	

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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 Month, Day, Year 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 **Coroner of Perry County, Mo.** and last saw her/him alive on **Coroner of Perry County, Mo.**
 Death occurred at **8: A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Ormedman</i> Coroner of Perry County, Mo.	22b. ADDRESS Perryville Mo	22c. DATE SIGNED 2/2/60
--	---	--

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-3-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) (State) Perryville Mo.
---	-----------------------------------	---	---

24. FUNERAL DIRECTOR ADDRESS Young & Sons Perryville Mo	25. DATE RECD. BY LOCAL REG. 2-3-60	26. REGISTRAR'S SIGNATURE <i>Josef Zoellner</i>
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed *Carroll J. Young*

Licensed Embalmer No. 2136

P. O. Address Leesville

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