

FEDERAL BUREAU OF INVESTIGATION
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS JUN 3 1960

-60-020282
 STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 5883 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonnots Mill,</u>	Length of stay in 1b <u>life</u>	c. CITY OR TOWN <u>Bonnots Mill</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>MATTHEW JOHN SCHMITZ</u>	First <u>MATTHEW</u> Middle <u>JOHN</u> Last <u>SCHMITZ</u>	4. DATE OF DEATH <u>May 30, 1960</u>	Month <u>May</u> Day <u>30</u> Year <u>1960</u>
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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>Aug 24 1885</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>	11. BIRTHPLACE (City and state or country) <u>Loesse Creek, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Peter Schmitz</u>	13b. MOTHER'S MAIDEN NAME <u>Christene Huesken</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Carolyn Schmitz</u>
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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>489-16-1064</u>	17. INFORMANT <u>Mrs. Carolyn Schmitz, Bonnots Mill, Mo.</u>	Address
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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>Cerebro Vascular Crisis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio Vascular Disease</u> DUE TO (c) <u> </u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Coronary Artery Disease</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Jefferson City, Mo</u>	COUNTY <u> </u>	STATE <u> </u>
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21. I attended the deceased from <u>May 1958</u> to <u>May 30, 1960</u> and last saw ^{her} him alive on <u>May 5, 1960</u> Death occurred at <u>10:45 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>L. B. Kleber M.D.</u>	(Degree or title)	22b. ADDRESS <u>Jefferson City, Mo</u>	22c. DATE SIGNED <u>5-30-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/2/60</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Bonnots Mill Catholic</u>	23d. LOCATION (City, town, or county) (State) <u>Bonnots Mill - Mo</u>
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24. FUNERAL DIRECTOR <u>Lloyd Morton</u>	ADDRESS <u>Linn</u>	25. DATE RECD. BY LOCAL REG. <u>5/30/60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Lloyd Morton</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

JUN 7 1960

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 Vernon M. Moore

Licensed Embalmer No. 412

P. O. Address Levin 7

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.