

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024219

FILED VS JUN 29 1960

STATE FILE NUMBER

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY St Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Appleton City	Length of stay in 1b 3 days	c. CITY OR TOWN Montrose	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellett Memorial Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) in Montrose
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Clemence Bernard Schmedding			4. DATE OF DEATH Month Day Year June 19 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr 21, 1889	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Montrose, Mo	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Joseph Schmedding	13b. MOTHER'S MAIDEN NAME Mary Meyers	14. NAME OF HUSBAND OR WIFE Lena Schmedding	

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. 491-32-5344	17. INFORMANT Address Catherine Schmedding Montrose Mo
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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) Myocardial infarction, acute 2 days

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 <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 a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from 12 June 1960 to 15 June 1960 and last saw her/him alive on 15 June 1960
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Walter M. Sickman</i>	22b. ADDRESS Appleton City	22c. DATE SIGNED 21 June '60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-22-1960	23c. NAME OF CEMETERY OR CREMATORY Germantown cemetery	23d. LOCATION (City, town, or county) Montrose, Mo
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24. FUNERAL DIRECTOR Sickman & Dunning FH	ADDRESS Clinton, Mo	25. DATE RECD. BY LOCAL REG. June 24 1960	26. REGISTRAR'S SIGNATURE <i>Edna Atney</i>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF W. H. Ellett, M.D.

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 Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.