

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-037665

FILED VS OCT 20 1960

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3008

283

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fulton</b>		Length of stay in lb <b>2 Wk s.</b>	c. CITY OR TOWN <b>Route 4</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Callaway Mem. Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Round Prarie Twp.</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Charles Fredrick Schmidt</b>	4. DATE OF DEATH Month Day Year <b>October 11, 1960</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>July 18, 1901</b>	9. AGE (last birthday) <b>59</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook at State Hospital #1</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Hospital #1</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Julius Schmidt</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Eviars</b>	14. NAME OF HUSBAND OR WIFE <b>Opal Schmidt</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>490-03-0470</b>	17. INFORMANT <b>Mrs. Opal Schmidt</b>	Address <b>rt4, Fulton, Mo.</b>
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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) <b>Myocardial Infarct</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 Sept 60</b>
DUE TO (b) <b>Protrun Coronary Occlusion Acute</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <b>(Abrupt death in Recovery phase. Myocardial Infarct?)</b>		<b>27 Sept</b>
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"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 s.m. p.m. Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>no</b>	20f. CITY, TOWN, OR LOCATION <b>no</b>	COUNTY <b>no</b>	STATE <b>no</b>
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21. I attended the deceased from **28 March 60** to **12 October 1960** and last saw him alive on **12 October 60**  
Death occurred at **105 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>E. R. Gish</b> (Print or type)	22b. ADDRESS <b>5 East 5th Fulton, Mo.</b>	22c. DATE SIGNED <b>10-13-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 13, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Callaway Mem. Gdns,</b>	23d. LOCATION (City, town, or county) (State) <b>Callaway County, Mo.</b>
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24. FUNERAL DIRECTOR <b>Maupin Funeral Home, Fulton, Mo.</b>	ADDRESS <b>Fulton, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Oct-14-1960</b>	26. REGISTRAR'S SIGNATURE <b>Maretta Lawrence</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS OCT 20 1961

JAN 12 1961

**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 Marshall G. Blackwell

Licensed Embalmer No. 4713

P. O. Address Fulton, Me

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