

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006062
STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 17

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDED FILED VS FEB 23 1961

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 Perryville		c. CITY OR TOWN Perryville	
Length of stay in 1b Life		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION P.C. Mem Hosp		d. STREET ADDRESS (If outside, give location) Rte #4	
3. NAME OF DECEASED (Type or print) First Ervin Middle G Last Schmidt		4. DATE OF DEATH Month February Day 4 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-29-61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) IF UNDER 1 YEAR Months 5 Days 5 IF UNDER 24 HR Hours 5 Min.
11. BIRTHPLACE (City and state or country) Perryville, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Alfred Schmidt		13b. MOTHER'S MAIDEN NAME Elizabeth Aurich	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. None		17. INFORMANT Alfred Schmidt Address Perryville Rte#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) Electrolyte Imbalance - Acidosis			INTERVAL BETWEEN ONSET AND DEATH 2 hours
DUE TO (b) Post operative surgery			10 hours
DUE TO (c) Congenital atresia of the Duodenum			Since Birth
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prenture male			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 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 10:45 a.m. 9:00 p.m.	Month, Day, Year 1/29/61		
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 Perryville	COUNTY Mo. STATE Mo.
21. I attended the deceased from 1/29/61 to 2/4/61 and last saw him alive on 2/4/61 . Death occurred at 10:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. E. McDermott, MD (Degree or title)		22b. ADDRESS Perryville, Mo.	22c. DATE SIGNED 2/6/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-6-1961	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) Perryville Mo. (State)
24. FUNERAL DIRECTOR Young & Sons ADDRESS Perryville Mo		25. DATE RECD. BY LOCAL REG. 2-13-61	26. REGISTRAR'S SIGNATURE Joel Zoller

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville Pa

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.