

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-040038
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 251

AMENDED

FILED NOV 21 1961

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

DOCUMENT

| | | | | | |
|--|---|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Audrain | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Audrain | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico | | Length of stay in 1b | c. CITY OR TOWN Laddonia | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION In Ambulance Enroute To Audrain Hosp. | | | Inside Limits Yes <input 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) First Floyd Middle Phillip Last Schmidt | | | 4. DATE OF DEATH Month 11 Day 10 Year 1961 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-13-1918 | 9. AGE (last birthday) 48 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker | | 10b. KIND OF BUSINESS OR INDUSTRY Trucking | 11. BIRTHPLACE (City and state or country) Laddonia, Mo. | 12. CITIZEN OF WHAT COUNTRY U S A | |
| 13a. FATHER'S NAME Ledwig Schmidt | | 13b. MOTHER'S MAIDEN NAME Phillips | | 14. NAME OF HUSBAND OR WIFE Elizabeth Schmidt | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes World War Two | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Elizabeth Schmidt Laddonia, Mo | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Aneurysm (Perforated artery) | | | | | 7 days |
| DUE TO (b) Carcinoma of pharynx | | | | | 1 yr. |
| DUE TO (c) | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hemorrhage | | | | | 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 a.m. p.m. Month, Day, Year | | | | | |
| 20d. INJURY 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 April 1959 to Nov. 10, 1961 and last saw him ^{her} alive on Nov. 10, 1961 Death occurred at 9:50 P.m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) C. W. Lindsey D.O. | | | 22b. ADDRESS Laddonia, Missouri | | 22c. DATE SIGNED 11-10-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11-13-1961 | 23c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetery | | 23d. LOCATION (City, town, or county) (State) Laddonia, Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS Wilkey-Bienhoff Laddonia, Mo. | | | 25. DATE RECD. BY LOCAL REG. Nov 12 1961 | 26. REGISTRAR'S SIGNATURE Blanche Geely | |

NOV 27 1961

APR 25 1962

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 Clyde L. Wessley

Licensed Embalmer No. 3820

P. O. Address Perry, Mo.

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.