

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044158

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 5434 Registrar's No. 294

FILED DEC 26 1961

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY FRANKLIN | | 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE Mo. b. COUNTY FRANKLIN | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Johns Township | | Length of stay in 1b 50 YRS. | c. CITY OR TOWN WASHINGTON |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RW WASHINGTON | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 119 E. 4th St. |
| 3. NAME OF DECEASED (Type or print) First EMIL Middle George Last Schmitt | | 4. DATE OF DEATH Month Dec Day 20 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 9-6-1899 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NITE WATCHMAN | | 10b. KIND OF BUSINESS OR INDUSTRY METAL FACTORY NEIER, Mo. | 11. BIRTHPLACE (City and state or country) Mo. |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME Joseph X. Schmitt | |
| 13b. MOTHER'S MAIDEN NAME LAURA LACAS | | 14. NAME OF HUSBAND OR WIFE ANNA S. Schmitt | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 17. INFORMANT ANNA S. Schmitt | |
| 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 damage DUE TO (b) Cardiovascular vascular disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH 5 years | |
| 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 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 _____ s.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 _____ |
| 21. I attended the deceased from 1451 to 1961 and last saw him ^{her} alive on Dec 15, 1961 Death occurred at 10:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Frank G. May MD | | 22b. ADDRESS Washington, Mo | |
| 22c. DATE SIGNED 12/21/61 | | 23. NAME OF CEMETERY OR CREMATORY St. Francis Cem. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE Dec. 23, 1961 | |
| 23c. LOCATION (City, town, or county) WASHINGTON, Mo. | | 23d. (State) | |
| 24. FUNERAL DIRECTOR Nieburg & Vitt Inc. | | 25. DATE RECD. BY LOCAL REG. 12/21/61 | |
| ADDRESS Washington, Mo. | | 26. REGISTRAR'S SIGNATURE Leola C. Schumann | |

JAN 3 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

Vernon C. Vedder

Licensed Embalmer No. 5031

P. O. Address Washington,

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.