

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014406

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 5180 Registrar's No. 16

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 16 1962

1. PLACE OF DEATH
 a. COUNTY Camden
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warren Twp. Length of stay in lb 9 yrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. Route 1 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY Camden
 c. CITY OR TOWN Camdenton Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) R. Route 1 Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last Wilhelm George Schmidt 4. DATE OF DEATH Month Day Year April 7, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Dec. 20-1901 9. AGE (last birthday) 60 IF UNDER 1 YEAR Months 4 Days 18 IF UNDER 24 HR 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) Waterloo Iowa 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry F. Schmidt 13b. MOTHER'S MAIDEN NAME Charlotte Barouth 14. NAME OF HUSBAND OR WIFE Lydia Schmidt

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. 17. INFORMANT Address Mrs. Lydia Schmidt, Camdenton Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Circulatory Failure INTERVAL BETWEEN ONSET AND DEATH 10 min
 DUE TO (b) Acute & Chronic Coronary Thrombosis 10 min
 DUE TO (c) Arteriosclerosis 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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 9/10/58 to 4/7/62 and last saw her him alive on 3/30/62. Death occurred at 4/7/62 7:00 p on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kenneth E. Wilhelm D.O. 22b. ADDRESS Camdenton, Mo 22c. DATE SIGNED 4/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE April 11 1962 23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery 23d. LOCATION (City, town, or county) (State) Camden, Mo.

24. FUNERAL DIRECTOR Robert H. Reed, Camdenton Mo. 25. DATE RECD. BY LOCAL REG. April 11-1962 26. REGISTRAR'S SIGNATURE Zilpha J. Traw

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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton 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.