

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047830

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 657 Primary Registration District No. 5884 Registrar's No. 46

FILED DEC 18 1962

VS 300  
Rev. 4/59

6760

20760

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>OSAGE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>OSAGE</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>WESTPHALIA, MO.</b>			Length of stay in lb		c. CITY OR TOWN <b>WESTPHALIA, MO.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <b>HENRY</b> Middle <b>HERMAN</b> Last <b>SCHMIDT</b>			4. DATE OF DEATH Month <b>DEC.</b> Day <b>10,</b> Year <b>1962</b>										
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3/7/1869</b>		9. AGE (last birthday) <b>93</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>13</b>		IF UNDER 24 HR Hours <b>13</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <b>Hanover Germany</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>Herman Schmidt</b>				13b. MOTHER'S MAIDEN NAME <b>Anna Marie Bruns</b>				14. NAME OF HUSBAND OR WIFE <b>Johanna Hoer</b>					
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>None</b>				17. INFORMANT <b>Lawrence Schmidt</b> Address <b>Westphalia,</b>					
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>Arteriosclerosis generalized</b>										INTERVAL BETWEEN ONSET AND DEATH <b>year</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____													
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.)									
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 <b>Jan 1/62</b> , to <b>Jan 10/62</b> and last saw him alive on <b>Jan 10/62</b> Death occurred at <b>11 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22. SIGNATURE (Degree or title) <b>Reuben C. Taylor M.D.</b>						22b. ADDRESS <b>Jefferson City</b>			22c. DATE SIGNED <b>12-12-62</b>				
23a. BURIAL, CREMATION; REMOVAL (Specify)		23b. DATE <b>12/13/62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph</b>			23d. LOCATION (City, town, or county) <b>Westphalia, Mo.</b>			(State)			
24. FUNERAL DIRECTOR <b>Sylvester Dulle</b>				ADDRESS <b>J C MO.</b>		25. DATE RECD. BY LOCAL REG. <b>12-16-62</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Colyde Newton</b>					

MAR 10 1964

STATE OF MISSOURI

**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 Seamus D. Dulle

Licensed Embalmer No. 4326  
P. O. Address Jefferson City 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.