

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025583

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 294

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

FILED JUL 15 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Francois		a. STATE Missouri b. COUNTY Bellinger	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in 1b 18Y; 2M; 12 das.	c. CITY OR TOWN Laflin
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Unknown
3. NAME OF DECEASED (Type or print) First JOSEPHINE Middle Last SCHMITT		4. DATE OF DEATH July 6, 1963	
5. SEX Female	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 Oct. 12, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 73
13a. FATHER'S NAME John Schmitt		13b. MOTHER'S MAIDEN NAME Anna Arznen	11. BIRTHPLACE (City and state or country) Laflin, Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. [REDACTED]	12. CITIZEN OF WHAT COUNTRY U. S. A.
17. INFORMANT Records, State Hospital No. 4, Farmington, Mo.		14. NAME OF HUSBAND OR WIFE	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Inanition			1 month.
DUE TO (b) Psychosis with mental deficiency			Abt. 20 yrs.
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 checked="" 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 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 June 13, 1963 to July 6, 1963 and last saw him alive on July 6, 1963			
Death occurred at 3:30 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John A. Brennan MD (Degree or title)		22b. ADDRESS State Hospital No. 4 Farmington, Missouri	22c. DATE SIGNED 7-8-63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 12, 1963	23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	23d. LOCATION (City, town, or county) Leopold, Missouri
24. FUNERAL DIRECTOR Ward Funeral Home, Lutesville, Missouri	ADDRESS	25. DATE RECD. BY LOCAL REG. July 8, 1963	26. REGISTRAR'S SIGNATURE Ethel R. [Signature]

VS 300 Rev. 4/59

10940

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

87250-848

FILED JUL 19 1967

TO THE BOARD OF HEALTH
COUNTY OF [unclear]
STATE OF MISSISSIPPI

DEPT. OF HEALTH
STATE OF MISSISSIPPI
MEMPHIS, TENNESSEE

STATE OF MISSISSIPPI

STATE OF MISSISSIPPI

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 *Henrietta Kelly*

Licensed Embalmer No. 5086

P. O. Address Luttrell, MS

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.

PROBATIONER

[Handwritten signatures and notes at the bottom of the page]