

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0001113

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 8

STATE FILE NUMBER

FILED JAN 25 1966

VS 300  
Rev. 4/59

1 0371

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hermann</u>		c. CITY OR TOWN <u>Hermann</u>	
Length of stay in 1b <u>7 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>300 Market</u>		d. STREET ADDRESS (If outside, give location) <u>300 Market St.</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Dr. C. Rivers Schmidt</u>		4. DATE OF DEATH Month Day Year <u>Jan. 18 1966</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/16/1891</u>
9. AGE (last birthday) <u>75</u>		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Physician</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Ferguson, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>	
13a. FATHER'S NAME <u>Edward H. Schmidt</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Rivers</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Dr. Martha Schmidt</u>		Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Dr. Martha Schmidt Hermann Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized circulatory failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial infarction</u>		II	
DUE TO (c) <u>Coronary thrombosis</u>		18 mos	
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 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 <u>April 1965</u> to <u>Jan. 1966</u> and last saw him alive on <u>Jan 15, 1966</u> Death occurred at <u>7:50 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS <u>Hermann, Missouri</u>	
22a. SIGNATURE (Degree or title) <u>J. P. Toedtman</u>	22b. ADDRESS <u>Hermann, Missouri</u>		22c. DATE SIGNED <u>1/18/66</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/21/1966</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bunnell Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Frankfort Indiana</u>
24. FUNERAL DIRECTOR <u>Leon Toedtman Hermann, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-18-66</u>	26. REGISTRAR'S SIGNATURE <u>Adlene Stetson</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JAN 28 1966

# 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 London Grosse, Student Embalmer No. 783

working under my personal supervision.

Student London Grosse  
Signature of Student Embalmer

Signed Leon Toedtman

Licensed Embalmer No. 5202

P. O. Address Hermann, 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.