

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29472

FILED OCT 4 1951

BIRTH NO.		REG. DIST. NO. <u>37</u>	PRIMARY REG. DIST. NO. <u>4049</u>	Registrar's No. <u>46</u>
1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u> <u>0100</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>906 East Boothe</u>		d. STREET ADDRESS (If rural, give location) <u>906 East Boothe</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>GUSTAVE</u> c. (Last) <u>SCHMIDT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-2-1866</u>	9. AGE (In years last birthday) <u>85</u> # UNDER 1 YEAR <u>0</u> # UNDER 1 MONTH <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mercantile</u>		11. BIRTHPLACE (State or foreign country) <u>Franklin County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Gustave Schmidt</u>		
13b. MOTHER'S MAIDEN NAME <u>Minnie (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia Frances Renick</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>G. A. Schmidt</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Debility - Senile</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis severe</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Sept</u> , 1950, to <u>Sep</u> , 1951, that I last saw the deceased alive on <u>Sept. 24</u> , 1951, and that death occurred at <u>4:00 a</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>J. J. Edmondson</u>		23b. ADDRESS <u>Centralia, Mo.</u>		23c. DATE SIGNED <u>Sept. 28, '51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-30-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lockhart Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>near Japan; Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maud M. Bride</u>		
DATE REC'D BY LOCAL REG. <u>Sept 28-1951</u>		REGISTRAR'S SIGNATURE <u>Maud M. Bride</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>Centralia, Mo.</u>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-3-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 10-3-51 \_\_\_\_\_

DETC

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 \_\_\_\_\_

Bill J. Meador

working under my personal supervision.

Student Embalmer No. 406

Signed Bill J. Meador  
Student Embalmer

Signed Lois M. Meador

Licensed Embalmer No. 4855

P. O. Address Centralia, 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 this body is not embalmed, fact should be so stated above.