

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24655**

**AUG 4 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3306

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>40 yrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2225 Van Brunt Blvd. 3228</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>W.</b> c. (Last) <b>Schmidt</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7 20 52</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 28, 1887</b>	9. AGE (In years last birthday) <b>64</b>	10. IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. Pac. R. R.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Palmyra, Mo.</b>	
13a. FATHER'S NAME <b>HENRY SCHMIDT</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>Marguerite Schmidt</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, see service record) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. M. Schmidt 2225 Van Brunt KCMO.</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic and hypertensive heart disease</b> ANTECEDENT CAUSES <b>Metastatic carcinoma of the liver—(carcinoma of the large intestine)</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>metastatic carcinoma of the liver—(carcinoma of the large intestine)</b>				INTERVAL BETWEEN ONSET AND DEATH <b>not known</b> <b>4200</b> <b>not known</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>previously resected) 12/28/46</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 July 7, 1952 to July 20, 1952, that I last saw the deceased alive on July 20, 1952, and that death occurred at 1:45 P.m., from the causes and on the date stated above.

22a. SIGNATURE <b>J. E. Castles, M.D.</b> (Degree or title) <b>0 M.D.</b>		22b. ADDRESS <b>1002 Argyle Building Kansas City, Missouri</b>		22c. DATE SIGNED <b>July 21, '52</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>7-23-52</b>		23c. NAME OF CEMETERY OR CREMATORY <b>MT. OLIVE</b>	
23d. LOCATION (City, town, or county) (State) <b>K.C. MO.</b>		24. DATE REC'D BY LOCAL REG. <b>7-22-52</b>		25. REGISTRAR'S SIGNATURE <b>Heraldine Holmes</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Bylar</b>		ADDRESS <b>KCMO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Castle 1002-  
Arzyle Bledy.

Schmidt

**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. 448

working under my personal supervision.

Student Arthur E. Heck  
Student Embalmer

Signed Glen E. Heck

Licensed Embalmer No. 4063

E. O. Address Kansas 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 this body is not embalmed, fact should be so stated above.