

FILED AUG 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29638**

|  |  |   |  |   |   |   |  |  |
|--|--|---|--|---|---|---|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>360</u>   |  | PRIMARY REG. DIST. NO. <u>6225</u>  |   | Registrar's No. <u>128</u>  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Vernon</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u> |   |   |  |  |
| b. CITY OR TOWN <u>Washington</u>  |  | c. LENGTH OF STAY (in this place) <u>1 yr 11 days</u>   |  | c. CITY OR TOWN <u>Joplin</u>   |   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>   |  |   |  | f. STREET ADDRESS (If rural, give location) <u>1118 Cornor st 0495</u>  |   |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Robert</u> b. (Middle) _____ c. (Last) <u>Schmidt</u>   |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 2 1954</u>          |   |   |   |  |  |
| 5. SEX <u>M</u>  |  | 6. COLOR OF SKIN <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   |   | 8. DATE OF BIRTH <u>Sept 8 1898</u>   |  |  |
| 9. AGE (in years last birthday) <u>55</u>  |  | if UNDER 1 YEAR Months <u>24</u> Days _____   |  | if UNDER 12 HRS. Hours _____ Min. _____   |   |   |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Refrigerator mechanic</u>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Repair of Refrigerators</u> |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  |
| 13a. FATHER'S NAME <u>Carl Schmidt</u>   |  |   | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Speiterlach</u>           |   | 14. NAME OF HUSBAND OR WIFE <u>Mary E Cornor Schmidt</u>          |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>unknown</u>   |  | 16. SOCIAL SECURITY NO. <u>unknown</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Hoepf. Records Nevada, MO</u> ADDRESS _____  |   |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Generalized arterio-sclerosis</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death <u>Acute psychosis</u> |  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u>                                |  |
| 19a. DATE OF OPERATION <u>None</u>   |  | 19b. MAJOR FINDINGS OF OPERATION <u>None</u>  |  |   |   |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>   |   |   |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR? <u>None</u>  |   |   |  |  |
| 22. I hereby certify that I attended the deceased from <u>Oct 26</u> , 19 <u>53</u> , to <u>Aug 2</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Aug 2</u> , 19 <u>54</u> , and that death occurred at <u>5:45 P.M.</u> , from the causes and on the date stated above. |  |   |  |   |   |   |  |  |
| 23a. SIGNATURE (Degree or title) <u>Daphne Haggard MD</u>  |  |   |  | 23b. ADDRESS <u>State Hosp No 3 Nevada</u>  |   | 23c. DATE SIGNED <u>Aug 2 54</u>  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>Aug 5 1954</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery</u>  |   | 24d. LOCATION (City, town, or county) (State) <u>Webb City Missouri</u>   |  |  |
| DATE REC'D BY LOCAL REG. <u>8-13-54</u>  |  | REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurbee Sellen Mortuary, Joplin, Mo</u> ADDRESS _____   |   |   |  |  |

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

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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 Cecil A. Shanklin

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.