

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY OR TOWN <u>Merada mo</u>		c. CITY OR TOWN <u>El Dorado Springs</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 days</u>		e. STREET ADDRESS (If rural, give location) <u>Rt 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Merada City Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DEWHA</u>	b. (Middle) <u>MAE</u>	c. (Last) <u>SCHMIDT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-13-55</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 28 1902 52</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 yrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Hickory Co. mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>John Cyrus</u>	13b. MOTHER'S MAIDEN NAME <u>Hollie Duncan</u>	14. NAME OF HUSBAND OR WIFE <u>Alfred Schmidt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alfred Schmidt</u>	ADDRESS <u>El Dorado Springs</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chemia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Glomerulonephritis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malignant Hypertension</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>592X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 5-10, 1955, to 5-13, 1955, that I last saw the deceased alive on 5-13, 1955, and that death occurred at 2:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert Z. Magee M.D.</u>	23b. ADDRESS <u>El Dorado Springs, Mo.</u>	23c. DATE SIGNED <u>5-14-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-16-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clintonville</u>	24d. LOCATION (City, town, or county) (State) <u>El Dorado Springs mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-16-55</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	451	25. FUNERAL DIRECTOR'S SIGNATURE <u>Erwin Luther James</u>	ADDRESS <u>El Dorado Springs</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Floyd E. Caruthers*.....

Licensed Embalmer No. *44*.....

P. O. Address *S. Nevada*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.