

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18115**

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 70			
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper					
b. CITY OR TOWN Boonville		c. LENGTH OF STAY (in this place) 5 Weeks		c. CITY OR TOWN Boonville,		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 St. Joseph Hospital.				STREET ADDRESS (If rural, give location) R. F. D. #3					
3. NAME OF DECEASED a. (First) Harry b. (Middle) Lewis c. (Last) Schmidt.			4. DATE OF DEATH (Month) July (Day) 4 (Year) 1955						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 20" 1892			
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman			10b. KIND OF BUSINESS OR INDUSTRY Retail Lumber Yard		11. BIRTHPLACE (City and State or Foreign Country) Boonville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA.		
13a. FATHER'S NAME Leonard Schmidt			13b. MOTHER'S MAIDEN NAME Katherine Siegel.		14. NAME OF HUSBAND OR WIFE Eleanor Adams Schmidt.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give year or dates of service) World War I			16. SOCIAL SECURITY NO. 487-07-1636		17. INFORMANT'S SIGNATURE OR NAME Harry U. Schmidt ADDRESS Boonville, Mo.				
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon				INTERVAL BETWEEN ONSET, AND DEATH 3 months	
ANTECEDENT CAUSES As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) m.		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 5-26-55 , 19 55 , to 7-4-55 , 19 55 , that I last saw the deceased alive on 7-4-55 , 19 55 , and that death occurred at 11:30 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) B. M. Stewart, M.D.				23b. ADDRESS 329 Main, Boonville, Mo		23c. DATE SIGNED 7-9-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 6" 1955		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove		24d. LOCATION (City, town, or county) (State) Boonville, Missouri.			
DATE REC'D BY LOCAL REG. 7/6/55		REGISTRAR'S SIGNATURE Hooper 381-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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... *William H. Wood*

Licensed Embalmer No. 4539

P. O. Address Boonville,

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