

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21234**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **685**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a.—STATE <b>Missouri</b> b. COUNTY <b>Buchanan 0177</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph 0</b>		c. LENGTH OF STAY (In this place) <b>20 years</b>	c. CITY OR TOWN <b>St. Joseph</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>2312 Union St.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Herman</b>	b. (Middle) <b>A.</b>	c. (Last) <b>Schmidtke</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 3, 1955</b>
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5. SEX <b>male C</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>November 24, 1886</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret. employee</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>City Engineers Dept.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Troy, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Herman A. Schmidtke</b>	13b. MOTHER'S MAIDEN NAME <b>Johanna Ruhnke</b>	14. NAME OF HUSBAND OR WIFE <b>Carrie F.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>493-18-0487</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Carrie Schmidtke</b>	ADDRESS <b>2312 Union St. Joseph,</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Carcinoma of Colon</b>		INTERVAL BETWEEN ONSET AND DEATH MO
	ANTECEDENT CAUSES Morbid 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. <b>Metastases - pelvis</b> <b>Spine</b>		<b>Stroke</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>153 X</b>	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)
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 **9/23**, 19**55**, to **7/3**, 19**55**, that I last saw the deceased alive on **7/3**, 19**55**, and that death occurred at **3:35 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank H. Hardegen, M.D.</b>	23b. ADDRESS <b>620 Francis St. City</b>	23c. DATE SIGNED <b>7/7/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>7/5/1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>July 13, 1955</b>	REGISTRAR'S SIGNATURE <b>Cather M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Newton-Bowman</b>	ADDRESS <b>St. Joseph, Mo.</b>
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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 *Richard D. Collier*.....

Licensed Embalmer No. *495*.....

P. O. Address *St. Joseph*.....

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.