

9.300
0.48

THE DIVISION OF HEALTH OF MISSOURI
FILED SEP 12 1955 STANDARD CERTIFICATE OF DEATH

State File No. **25784**

BIRTH NO. _____ REG. DIST. NO. **118** PRIMARY REG. DIST. NO. **4189** Registrar's No. **28**

37

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo. b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) Rosebud	c. LENGTH OF STAY (In this place) 7 Yr.	c. CITY OR TOWN Rosebud	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 Rosebud Mo. At home.		e. STREET ADDRESS (If rural, give location) 2370	

3. NAME OF DECEASED (Type or Print) a. (First) Therese Maria	b. (Middle)	c. (Last) Schmidt	4. DATE OF DEATH (Month) (Day) (Year) Sept. 5th 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 5 1874	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 11 Days	IF UNDER 24 HRS. Hours 11 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> Woollam Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME John Tschappler	13b. MOTHER'S MAIDEN NAME Caroline Diebold	14. NAME OF HUSBAND OR WIFE Diedrich Schmidt
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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) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Arthur Schmidt	ADDRESS Rosebud Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Degeneration		4 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Advanced Arteriosclerosis		4 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. R hemiplegia			2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443x	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) m.	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 **7-26, 1955**, to **9-5, 1955**, that I last saw the deceased alive on **9-4, 1955**, and that death occurred at **7 PM** m., from the causes and on the date stated above.

23a. SIGNATURE Paula Brown, M.D. (Degree or title)	23b. ADDRESS Owensville, Mo.	23c. DATE SIGNED 9-6-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 8 1955	24c. NAME OF CEMETERY OR CREMATORY City Cem.	24d. LOCATION (City, town, or county) (State) Owensville Mo.
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DATE REC'D BY LOCAL REG. September 8, 1955	REGISTRAR'S SIGNATURE Mrs. Maurine Jappmeyer	25. FUNERAL DIRECTOR'S SIGNATURE 1493-0 Walter H. Winter	ADDRESS OWENSVILLE
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(Licensed Embalmer's Statement on Reverse Side)

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

3561 47 4918

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. 9, working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Melvin H. W.*
Licensed Embalmer No. 3

P. O. Address *OWEN*

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