

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

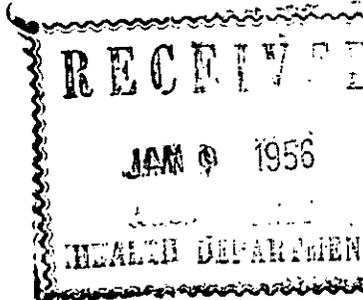
State File No.

607

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>5225</u>		Registrar's No. <u>4</u>		
1. PLACE OF DEATH a. COUNTY <u>CASS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CASS</u>				
b. CITY (If outside corporate limits, write "RURAL" in township) OR TOWN <u>LA TOUR (RURAL)</u>		c. LENGTH OF STAY (in this place) <u>31 yrs.</u>		c. CITY OR TOWN <u>LA TOUR</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>INDEX TWP.</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D. INDEX TWP. 0190</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u> b. (Middle) <u>ELODA</u> c. (Last) <u>SCHMOLL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-3-56</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 16, 1888</u>		
9. AGE (In years last birthday) <u>67</u>		if UNDER 1 YEAR Months		if UNDER 6 HRS. Days		if UNDER 1 MIN. Mins.		
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>NODAWAY COUNTY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>CHARLES BELL</u>			13b. MOTHER'S MAIDEN NAME <u>SUSAN KNITTLE</u>			14. NAME OF HUSBAND OR WIFE <u>HENRY W. SCHMOLL</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HENRY W. SCHMOLL</u> ADDRESS <u>LA TOUR, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC DECOMPENSATION</u>					INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>AORTIC REGURGATATION</u>					<u>years</u>	
		DUE TO (c) <u>OEDEMA</u>						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4211</u>						
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) <u>NO</u>		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 <u>Dec 19</u> , 19 <u>51</u> , to <u>January 3</u> , 19 <u>56</u> , that I last saw the deceased <u>alive on Jan 2</u> , 19 <u>56</u> , and that death occurred at <u>12:25 A.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>David S. Long</u> M.D.				23b. ADDRESS <u>HARRISONVILLE, MO.</u>		23c. DATE SIGNED <u>1/3/1956</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/5/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HILL Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>PLEASANT HILL, MO.</u>		
DATE REC'D BY LOCAL REG. <u>Jan 9, 1956</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BROWNFIELD-STANLEY</u>		ADDRESS <u>PLEASANT HILL MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 *Allen Brownfield*.....

Licensed Embalmer No. *378*

P. O. Address *Pleasant*.....

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.