

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2128

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 4358 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> <u>Lilbourn, MO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> COUNTY <u>New Madrid</u> CO	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lilbourn</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lilbourn, MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alva</u> b. (Middle) <u>Retta</u> c. (Last) <u>Schmuki</u>		4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>16</u> (Year) <u>56</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>4.13.85</u>
9. AGE (In years last birthday) <u>70</u>		10. AGE (In years last birthday) <u>70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Tenn</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Elkins</u>		13b. MOTHER'S MAIDEN NAME <u>Dont Know</u>	14. NAME OF HUSBAND OR WIFE <u>John Schmuki</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>514.20 . 5618</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>John William Schmuki, 2912 South Sherman</u>
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 <u>Englewood Colo</u> <u>SOPRINARY THROMBOSIS</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>SEV. MO.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>10/28 1955</u> to <u>1/11 1956</u> , that I last saw the deceased alive on <u>18</u> , and that death occurred at <u>4:35 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John A. [Signature]</u>		23b. ADDRESS <u>P.O. Box 203 Lilbourn, MO</u>	
23c. DATE SIGNED <u>1/20/56</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>Jan 18. 56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mounds</u>		24d. LOCATION (City, town, or county) (State) <u>Near Lilbourn, MO.</u>	
DATE REC'D BY LOCAL REG. <u>1-23-56</u>		REGISTRAR'S SIGNATURE <u>H. L. Ponder Deputy</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wells Funeral Home</u>		ADDRESS <u>Lilbourn, MO.</u>	

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

1220

720

DATE RECEIVED JAN 27 1955  
NEW MADRID CO. HEALTH CENTER  
P. G. L.

**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 .....  
Student Embalmer

Signed

L. M. Hill

Licensed Embalmer No. 2627

P. O. Address Felbourn Mo

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 this body is not embalmed, fact should be so stated above.