

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27366

State File No.

FILED SEP 4 1956

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 386

1. PLACE OF DEATH
a. COUNTY JASPER
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE OKLAHOMA b. COUNTY DELAWARE

b. CITY OR TOWN JOPLIN c. LENGTH OF STAY (in this place) 1/2 DAY
c. CITY OR TOWN GROVE d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL STREET ADDRESS (If rural, give location) RURAL - DELAWARE COUNTY, OKLA.

3. NAME OF DECEASED a. (First) FREDERICK b. (Middle) _____ c. (Last) SCHMIDT JR. 4. DATE OF DEATH (Month) (Day) (Year) AUG. 24, 1956

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH SEPT 10, 1860 9. AGE (in years last birthday) 95 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED 10b. KIND OF BUSINESS OR INDUSTRY FARMER 11. BIRTHPLACE (City and State or Foreign Country) TENNESSEE 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME FREDERICK SCHMIDT 13b. MOTHER'S MAIDEN NAME ELIZABETH SUTTER 14. NAME OF HUSBAND OR WIFE DEC'D

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. _____ 17. INFORMANT'S SIGNATURE OR NAME HERMAN EVERETT SCHMIDT, TIFE CITY, MO. ADDRESS _____

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH 12 hrs
ANTECEDENT CAUSES arterio sclerosis ?
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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 331X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 8-24, 1956 to 8-24, 1956 that I last saw the deceased alive on 8-24, 1956 and that death occurred at 6 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Herman Everett Schmidt, M.D. 23b. ADDRESS Trinidad, Okla. Mo. 23c. DATE SIGNED 8-25-56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 8-26-56 24c. NAME OF CEMETERY OR CREMATORY COMMUNITY 24d. LOCATION (City, town, or county) (State) MCDONALD COUNTY, MO.

DATE REC'D BY LOCAL REG. 8-27-56 REGISTRAR'S SIGNATURE Novie Merriam 25. FUNERAL DIRECTOR'S SIGNATURE WORLEY FUNERAL HOME, GROVE, OKLA. ADDRESS _____

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

EMERALD
COUNTY OFFICE
56-9-1956
Date Filed SEP 7 1956

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 *Steve Parker*

Licensed Embalmer No. 254

P. O. Address *Golden*

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.