

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 9 1957

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 1

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

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY AUDRAIN	
b. CITY (If outside corporate limits, write RURAL, and give town) MEXICO		c. LENGTH OF STAY (in this place) 7 days	c. CITY OR TOWN LADDONIA
d. FULL NAME OF HOSPITAL OR INSTITUTION AUDRAIN HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 3 MILES SOUTHEAST OF LADDONIA	

3. NAME OF DECEASED a. (First) ANNA b. (Middle) (SCHMIDT) c. (Last) CLARK			4. DATE OF DEATH (Month) (Day) (Year) JAN. 1-1957		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH 4-6-1870		9. AGE (In years last birthday) 86		10. IF UNDER 1 YEAR Months 8 Days 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) HANCOCK COUNTY, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME SCHMIDT		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND, OR WIFE DECEASED		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____	

17. INFORMANT'S SIGNATURE OR NAME MRS. HERBERT KNIPPEL, SR.		ADDRESS LADDONIA MISSOURI	
--	--	----------------------------------	--

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiovascular Decompensation		INTERVAL BETWEEN ONSET AND DEATH 6 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension and Arteriosclerosis		Many years	
		DUE TO (c) Old age			
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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) 443x	
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 Dec 12, 1956, to Jan 1, 1957, that I last saw the deceased alive on Jan 1, 1957, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE William W. Jones D.O.		(Degree or title)		23b. ADDRESS Laddonia Mo		23c. DATE SIGNED 1-3-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-3-1957		24c. NAME OF CEMETERY OR CREMATORY LADDONIA CEMETERY		24d. LOCATION (City, town, or county) (State) LADDONIA, MISSOURI	

DATE REC'D BY LOCAL REG. JAN-3-1957		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE William Binhoff		ADDRESS Laddonia Mo	
--	--	--	--	---	--	----------------------------	--

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 *Clyde Wesley*.....

Licensed Embalmer No. *3820*

P. O. Address *Perth*.....

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.