

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013970

STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 783

300  
1-57

423

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <u>0422</u> a. STATE <u>MO</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Clinton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>209 S Water</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>SARAH ANNIE SCHMIDT</u>		4. DATE OF DEATH Month Day Year <u>4 19 58</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-22-1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		11. BIRTHPLACE (City and state or country) <u>Hickory Co, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOHN W. Puigg</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown Miller</u>	14. NAME OF HUSBAND OR WIFE
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 Address <u>Mrs Harley Park Clinton, MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Chronic Nephritis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>1 year</u> <u>2 year</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Mar 16, 58</u> to <u>April, 19-58</u> and last saw her/him alive on <u>April 19, 58</u> Death occurred at <u>7:45 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. R.S. Hallengraves M.D.</u>		22b. ADDRESS <u>Clinton, MO</u>	22c. DATE SIGNED <u>4-20-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>4-22-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Englewood Ceme</u>	23d. LOCATION (City, town, or county) (State) <u>Clinton, MO</u>
24. FUNERAL DIRECTOR <u>J. E. Consales, Clinton MO</u>		25. DATE RECD. BY LOCAL REG. <u>4-21-58</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>

NOV 21 1958

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 *J. E. Cousins* .....

Licensed Embalmer No. *1891* .....

P. O. Address *Clinton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.