

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036771  
STATE FILE NUMBER

FILED NOV 5 1958 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 234

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Prairie</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jackson Co. Hosp.</u>			Length of stay in lb <u>36 hrs</u>		d. STREET ADDRESS (If outside, give location) <u>425 N. Grand</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>Joseph Thomas Schmidt</u>				4. DATE OF DEATH Month Day Year <u>Oct. 26-1958</u>									
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MAR. 20-1892</u>		9. AGE (In years last birthday) <u>76</u>		10. FUNDER 1 YEAR Months Days Hours Min.		11. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cement finisher</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Vienna, Austria</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				
13a. FATHER'S NAME <u>Unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Helen Mary Schmidt</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.		17. INFORMANT <u>Mrs. Helen Schmidt, Ind. 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>Pulmonary Edema</u>										INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <u>Cardiac Decompensation</u>			
										DUE TO (c) <u>Pulmonary Fibrosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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.) <u>525X</u>										
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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>10-24-58</u> to <u>10-26-58</u> and last saw <sup>her</sup> him alive on <u>10-25-58</u> Death occurred at <u>3:25 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Samuel W. ...</u>						22b. ADDRESS <u>Jackson Co. Hosp. Ind. Mo.</u>			22c. DATE SIGNED <u>10-27-58</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE <u>Oct-29-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cemetery</u>			23d. LOCATION (City, town, or county) <u>Independence, Mo.</u>			(State)		
24. FUNERAL DIRECTOR <u>Geo. C. Carson &amp; Sons Ind. Mo.</u>						25. DATE RECD. BY LOCAL REG. <u>10-27-1958</u>			26. REGISTRAR'S SIGNATURE <u>B. Longstaff</u>				

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NOV 13 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 *W. Gibson* \_\_\_\_\_

Licensed Embalmer No. *4871*  
P. O. Address *Indep. 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.