

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004443  
STATE FILE NUMBER

FILED FEB 17 1959

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 86

Health, Welfare, Public Service

300  
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

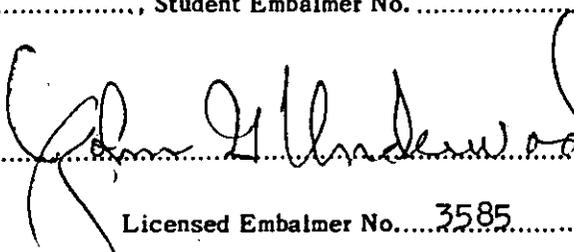
ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.

1. PLACE OF DEATH a. COUNTY <b>Bates</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Butler</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Butler</b> <b>RFD 6070</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Butler Memorial Hosp.</b>		Length of stay in lb <b>2 da.</b>	d. STREET ADDRESS <b>Mound Twp.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Lawrence B Schmedding</b>			4. DATE OF DEATH <b>Feb 11 1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 22 1887</b>		9. AGE (In years last birthday) <b>71</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Henry Co. Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>James Barney Schmedding</b>		13b. MOTHER'S MAIDEN NAME <b>Norah Buckley</b>		14. NAME OF HUSBAND OR WIFE <b>Ida Schmedding</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>494 12 1560</b>		17. INFORMANT Address <b>Ida Schmedding Butler Rt 3 Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinosis Liver</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Chronic Nephritis</b> DUE TO (c) <b>Chronic Emphysema</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b> <b>5 years</b> <b>5 years</b>
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 <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 <b>Jan. 1954</b> to <b>Feb 11, 1959</b> and last saw him alive on <b>Feb 11, 1959</b> Death occurred at <b>3:15 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Carter H. Butler MD</b>			22b. ADDRESS <b>Butler Missouri</b>		22c. DATE SIGNED <b>2/13/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2/14/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakhill</b>		23d. LOCATION (City, town, or county) (State) <b>Butler Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Culver Underwood-Butler Mo</b>			25. DATE RECD. BY LOCAL REG. <b>Feb 13-1959</b>		26. REGISTRAR'S SIGNATURE <b>Kendall Arroy</b>

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  .....

Licensed Embalmer No. .... 3585 .....

P. O. Address ..... Butler, 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.