

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039475

FILED VS DEC 11 1959

STATE FILE NUMBER

Registration District No. 86 Primary Registration District No. 5377 Registrar's No. 36-1959

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Benton Twp.</u>		c. CITY OR TOWN <u>Cuba</u>	
Length of stay in 1b <u>2 years</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At home</u>		d. STREET ADDRESS (If outside, give location) <u>Route # 1</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Myrthe</u> Middle <u>Marie</u> Last <u>Schmidt</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>5</u> Year <u>1959</u>			
5. SEX <u>Female</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>10-3-1913</u>	9. AGE (last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Arkport MO</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>Joseph Todd</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Draby</u>		
14. NAME OF HUSBAND OR WIFE <u>Ernest 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. <u>351-16-2205</u>		
17. INFORMANT <u>Ernest Schmidt</u>		Address <u>Cuba Mo.</u>				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> <u>1 yr.</u>
IMMEDIATE CAUSE (a) <u>Acute Myocardial Occlusion</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Atherosclerosis</u>		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour <u>  </u> s.m. <u>  </u> p.m. <u>  </u>		Month, Day, Year <u>  </u> <u>  </u> <u>  </u>	

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 <u>Cuba Mo.</u>	COUNTY <u>  </u> STATE <u>  </u>
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21. I attended the deceased from Oct. 1958 to Dec. 5, 1959 and last saw her alive on Nov. 1, 1959  
Death occurred at 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Frank A. Elders, MD</u> (Degree or title)		22b. ADDRESS <u>Cuba Mo.</u>		22c. DATE SIGNED <u>12-5-59</u> (State) <u>MO.</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-7-1959</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Kinder</u>		23d. LOCATION (City, town, or county) <u>Cuba</u>
24. FUNERAL DIRECTOR <u>Norman C. Hoener</u> ADDRESS <u>Cuba, MO</u>		25. DATE RECD. BY LOCAL REG. <u>12-7-1959</u>		26. REGISTRAR'S SIGNATURE <u>Paul A. Shanklin</u>

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

VS DEC 17 1959

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 Herman C. Haerter

Licensed Embalmer No. 4673

P. O. Address Cuba, 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.