

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039591

FILED VS. DEC 15 1959 119

Registration District No. 5443 Primary Registration District No. 99 Registrar's No. 99

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Gasconade		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Roark Twp		a. STATE Mo		b. COUNTY Gasconade	
Length of stay in 1b 5 1/2 Yrs		c. CITY OR TOWN Hermann		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 125 E. 5th St	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Frene Valley Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) BARBARA SCHMITT				4. DATE OF DEATH Dec 2 1959			
5. SEX Female		6. COLOR OR RACE Cau.		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/15/1875	
9. AGE (last birthday) 84		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker		10b. KIND OF BUSINESS OR INDUSTRY Housekeeper		11. BIRTHPLACE (City and state or country) Hermann, Mo		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME Bernard Strahsner			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Frank Schmitt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Ewald Moosmann, Kirkwood, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Nephrosclerosis							INTERVAL BETWEEN ONSET AND DEATH 5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis ; ASHD						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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 1953 to Dec. 2, 1959 and last saw her ^{her} _{him} 6:15 p on 12-1-59 and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Carol T. Shaw, M.D.				22b. ADDRESS Hermann, Missouri		22c. DATE SIGNED 12-4-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/5/59		23c. NAME OF CEMETERY OR CREMATORY Hermann Cemetery		23d. LOCATION (City, town, or county) (State) Hermann, Mo	
24. FUNERAL DIRECTOR ADDRESS Hugo H. Blumer Hermann, Mo			25. DATE RECD. BY LOCAL REG. 12-3-59		26. REGISTRAR'S SIGNATURE Delma Uffelman		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Chas. H. Pope

Licensed Embalmer No. 2552

P. O. Address Hermann, 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.