

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009575

STATE FILE NUMBER

AMENDED

Registration District No. 172 Primary Registration District No. 4271 Registrar's No. 23  
**FILED APR 5 1961**

1. PLACE OF DEATH a. COUNTY <u>Rafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Rafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Alma</u>		c. CITY OR TOWN <u>Alma</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>C</u> Last <u>Schmidt</u>			4. DATE OF DEATH Month <u>March</u> Day <u>26</u> Year <u>1961</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>Apr. 2, 1890</u> AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Occupation</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (City and state or country) <u>Effingham, Ill.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Frank Schmidt</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Neese</u>	14. NAME OF HUSBAND OR WIFE <u>Magdalena Schmidt</u>
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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. Gertrude Helbert - Independence Mo.</u> Address
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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>Found dead in bed - Natural</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Causes: Probably Coronary Embolus</u>		
DUE TO (c) <u>Also had mild upper respiratory infection</u>		
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

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 _____ 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, hotel, etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>after death</u> to _____ and last saw him alive on <u>never</u> Death occurred at <u>after 7 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>M. Martin MD Coron</u> (Degree or title)	22b. ADDRESS <u>Idessa Mo</u>	22c. DATE SIGNED <u>3-26-61</u> (State) <u>Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Mar. 28, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran</u>	23d. LOCATION (City, town, or county) <u>Alma</u>

24. FUNERAL DIRECTOR <u>Bremer-Triglers - RickHz - Alma, Mo.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Mar. 29-1961</u>	26. REGISTRAR'S SIGNATURE <u>Lutie Gordon Jordan</u>
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DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

APR 5 1961

**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 Forest Ruckelshaus

Licensed Embalmer No. 14284

P. O. Address Fingerville, 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.