

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035604

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 391 Primary Registration District No. 4505 Registrar's No. 21

AMENDED

FILED OCT 4 1961

1. PLACE OF DEATH a. COUNTY STODDARD		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BELL CITY	Length of stay in 1b 3 YRS.	c. CITY OR TOWN CHAFFEE	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SHETLEY NURSING HOME		d. STREET ADDRESS (If outside, give location) 401 GRAY AVE.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH RUDOLPH SCHMITT			4. DATE OF DEATH Month Day Year SEPT. 15, 1961		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JUN 4, 1869	9. AGE (last birthday) 92	IF UNDER 1 YEAR Months 3 Days 11 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TIMBER BUYER (RET.)		10b. KIND OF BUSINESS OR INDUSTRY LUMBER BUSINESS	11. BIRTHPLACE (City and state or country) NEW HAMBURG, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME RUDOLPH SCHMITT		13b. MOTHER'S MAIDEN NAME CATHERINE WEBER		14. NAME OF HUSBAND OR WIFE DOES NOT APPLY	
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 JEROME SCHMITT COTTAGE HILLS, ILL.		

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
IMMEDIATE CAUSE (a) Shock.		12 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Circulatory failure	24 HRS
	DUE TO Cerebral thrombosis	48 HRS

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	
Generalized arteriosclerosis			

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 checked="" 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 **8:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

Death occurred at **9-15-61** and last saw him alive on **9-14-61**

22a. SIGNATURE (Degree or title) L. G. Masters MD	22b. ADDRESS Advance No 9-1961	22c. DATE SIGNED 9-19-61
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT. 18, 1961	23c. NAME OF CEMETERY OR CREMATORY ST. AMBROSE CATHOLIC Cem.	23d. LOCATION (City, town, or county) (State) CHAFFEE, MISSOURI
24. FUNERAL DIRECTOR DISPLIN & HOFF FUNERAL HOME	ADDRESS CHAFFEE, MO.	25. DATE RECD. BY LOCAL REG. 9/23/61	26. REGISTRAR'S SIGNATURE Bernice Moore

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.