

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26495

State File No.

FILED AUG 16 1954

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 298

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Jackson</u>	
c. LENGTH OF STAY (If this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>204 E. Monroe</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.E. Hospital Cape</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lewis</u>	b. (Middle) <u>Albert</u>	c. (Last) <u>Schmidt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 4 1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 6 1863</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kurriverille, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Hoban Schmidt</u>	13b. MOTHER'S MAIDEN NAME <u>Nettie Beneniet</u>	14. NAME OF HUSBAND OR WIFE <u>Wilhamena Haupt Jackson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H. Sandvoss</u>	ADDRESS <u>Jackson Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Injury to heart</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture Right Hip</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>016</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 27, 1954, to Aug 4, 1954, that I last saw the deceased alive on Aug 4, 1954, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. J. Seaborn M.D.</u>	23b. ADDRESS <u>Jackson Mo.</u>	23c. DATE SIGNED <u>8-4-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 6 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gordonville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gordonville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-9-54</u>	REGISTRAR'S SIGNATURE <u>G. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Coube Stern & Leal Co.</u>	ADDRESS <u>Jackson Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 25

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
Student Embalmer

Signed *BA Meyer* _____

Licensed Embalmer No. *3057* _____

P. O. Address *Jackson, 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 this body is not embalmed, fact should be so stated above.