

No. 300  
10.48  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31116

FILED OCT 3 1949

State File No. ....

REG. DIST. NO. 22-4 PRIMARY REG. DIST. 3046 REGISTRAR'S NO. 46

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>California</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>California</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>High Street</u>		d. STREET OR ADDRESS (If rural, give location) <u>High Street</u>	
3. NAME OF DECEASED a. (First) <u>ROBERT</u> b. (Middle) <u>JOHN</u> c. (Last) <u>SCHIEDT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9/20/49</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12/13/1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		11. BIRTHPLACE (State or foreign country) <u>Moniteau County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Charles Scheidt</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Strickfaden</u>	14. NAME OF HUSBAND OR WIFE <u>Carrie Zey</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Lula Scheidt, California</u> ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cancer of Prostate</u> ANTECEDENT CAUSES <u>Ceroidomatosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>7 mos then 8 yrs</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
21a. ACCIDENT, SUICIDE, HOMICIDE, OR MURDER (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>California, Moniteau, Mo.</u>		21d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? _____		21f. _____	
22. I hereby certify that I attended the deceased from <u>Feb 5, 1949</u> to <u>Sept 20, 1949</u> , that I last saw the deceased alive on <u>Sept 20, 1949</u> , and that death occurred at <u>1:15 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>J. P. Burke, Jr.</u>		23b. ADDRESS <u>California, Mo.</u>	
23c. DATE SIGNED <u>9/23/49</u>		23d. _____	
24a. BURIAL-CREMA-TION-REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/23/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Annunciation Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>California, Moniteau, Mo.</u>	
DATE REC'D BY LOCAL HEALTH DEPT. <u>9-22-49</u>		REGISTRAR'S SIGNATURE <u>W.R. Popejoy</u> ADDRESS <u>William J. Juncal Home California Mo.</u>	
DATE REC'D BY LOCAL HEALTH DEPT. <u>9-22-49</u>		25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____	

RECEIVED  
SEP 29 1949  
District Health Officer No. 9,  
District File Number

091-1949

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 \_\_\_\_\_

*H. C. Friedmeyer*

Licensed Embalmer No. \_\_\_\_\_

*2854*

P. O. Address \_\_\_\_\_

*California 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.