

FILED SEP 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31135

BIRTH NO. _____		REG. DIST. NO. <u>225</u>		PRIMARY REG. DIST. NO. <u>4335</u>		Registrar's No. <u>23</u>			
1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>MONITEAU</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TIPTON</u>				c. LENGTH OF STAY (In this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TIPTON</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO STREET ADDRESS</u>				d. STREET ADDRESS (If rural, give location) <u>NO STREET ADDRESS</u>					
3. NAME OF DECEASED a. (First) <u>BERTHA</u>			b. (Middle) <u>KATHRYN</u>		c. (Last) <u>SCHMIDT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 - 8 - 1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>9-18-1869</u>		9. AGE (In years last birthday) <u>80</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>TIPTON - MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>GEORGE DOLFFELDER</u>			13b. MOTHER'S MAIDEN NAME <u>KATHRYN SCHMIDT</u>			14. NAME OF HUSBAND OR WIFE <u>JOHN P. SCHMIDT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John P. Schmidt</u>				ADDRESS <u>Tipton, MO</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>						<u>10 yrs</u>	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>4/20/1</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>May 5, 1949</u> , to <u>Sept 8, 1950</u> , that I last saw the deceased alive on <u>Sept 8, 1950</u> , and that death occurred at <u>4:55 A. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Dr. J. L. Hubbert</u>				(Degree or title) <u>Dr. J. L. Hubbert</u>		23b. ADDRESS <u>Mo. H. Tipton, Mo</u>		23c. DATE SIGNED <u>9-9-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-11-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CATHOLIC CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Tipton, MO</u>			
DATE REC'D BY LOCAL REG. <u>9-15-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Maudie Hudson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Richard</u>		ADDRESS <u>Tipton, MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

680
11

RECEIVED 9/19/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9/19/50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Jesse E. Richards*

Signed
Student Embalmer

Licensed Embalmer No. 2466

P. O. Address *Lipton, 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.