

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20804**  
Registrar's No. **8**

**FILED JUN 26 1951**

BIRTH NO. **225** REG. DIST. NO. **225** PRIMARY REG. DIST. NO. **4335**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Moniteau</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Tipton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Tipton</b>	
c. LENGTH OF STAY (in this place) <b>50 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ---			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>GUSTAV</b> b. (Middle) <b>--</b> c. (Last) <b>SCHMIDT</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 17, 1951</b>
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Sept. 20, 1858</b>
<b>9. AGE</b> (In years last birthday) <b>92</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Haw Creek, Missouri</b>
<b>10a. USUAL OCCUPATION</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farming</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
<b>13a. FATHER'S NAME</b> <b>Pete Schmidt</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Christina Schmidt</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Alwina Dueber</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> <b>---</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Philip Stoecklein, Tipton, Mo.</b>
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Myocardial Insufficiency - Decompensated</b> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Mitral Stenosis</b> DUE TO (c) <b>Possible Rheumatic Fever</b>	
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4011</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from April 6, 1948, to June 17, 1951, that I last saw the deceased alive on June 17, 1951, and that death occurred at 4:20 P.M., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>Philip Stoecklein, D.O.</b>		<b>23b. ADDRESS</b> <b>Tipton, Mo.</b>	<b>23c. DATE SIGNED</b> <b>6-18-51</b>
<b>24a. (BURIAL, CREMATION, REMOVAL) (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>June 19, 1951</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Andrew's Cath.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Tipton, Mo.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>6-20-1951</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Mrs. Maude Hudson</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Richard G. Conn</b>	<b>ADDRESS</b> <b>Conn Funeral Home, Tipton, Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 6-25-51

MAR 24 1952

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 Richard H. Conr

Licensed Embalmer No. 4203

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.