

No. 300
10. 48

MAY 7- 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13625

State File No.

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4335 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tipton		c. LENGTH OF STAY (In this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tipton	
		d. STREET ADDRESS (If rural, give location) No Street Address	

3. NAME OF DECEASED (Type or Print) Mary Schmidt			4. DATE OF DEATH 4/24/1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 26, 1884		9. AGE (In years last birthday) 67		10. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Tipton, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Michael Lix		13b. MOTHER'S MAIDEN NAME Augusta Mueller	
14. NAME OF HUSBAND OR WIFE Joseph Schmidt		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 49-30-5051	
17. INFORMANT'S SIGNATURE OR NAME Joseph Schmidt, Tipton, Mo.		17. ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		DUE TO (b) Hypertension		10 yrs	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Arteriosclerosis		10 yrs.	
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"/>	
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) (Min.)		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 1-12, 1952 to 4-24, 1952, that I last saw the deceased alive on 4-24, 1952, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. J. Lippert, M.D., Tipton, Mo.		23b. ADDRESS		23c. DATE SIGNED 4-25-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/26/1952		24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	
24d. LOCATION (City, town, or county) (State) Tipton, Missouri		24e. FUNERAL DIRECTOR'S SIGNATURE		24f. ADDRESS	

DATE REC'D BY LOCAL REG. **Apr. 28-1952** REGISTRAR'S SIGNATURE **Mrs. Mauda Hudson** FUNERAL DIRECTOR'S SIGNATURE **E. Richard** ADDRESS **Tipton, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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



JUN 10 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James E. Richards
Licensed Embalmer No. 2466
P. O. Address Spitzer, 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.