

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **25504**

Registration District No. **420**

Primary Registration District No. **5574**

Registrar's No. **63**

1. PLACE OF DEATH:

(a) County **Jefferson**  
(b) City or town **DeSoto - Rural**  
(c) Name of hospital or institution: **No hospital**  
**Route No. 2.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **9 years**  
In this community **9 years, months or days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jefferson**  
(c) City or town **Rural DeSoto**  
(d) Street No. **Route No. 2.**  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Mary Genevieve Schutte, 3rd**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **infant**

6. (b) Name of husband or wife **////** 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **August 19 1930.**  
(Month) (Day) (Year)

8. AGE: Years **9** Months **10** Days **29** If less than one day hr. min.

9. Birthplace **DeSoto Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **School age**

11. Industry or business

MOTHER FATHER { 12. Name **Michael Schutte**  
13. Birthplace **Richwoods Mo.**  
14. Maiden name **Mary G. Missey**  
15. Birthplace **Fertile Mo.**

16. (a) Informant **Mrs Michael Schutte**  
(b) Address **Rd DeSoto mo.**

17. (a) **burial** (b) Date thereof **July 20 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **DeSoto Mo.**

18. (a) Signature of funeral director **Lee Mothershead**  
(b) Address **DeSoto Mo.**

19. (a) **7-29-40** (b) **Jeneva Donnell**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18**  
year **1940** hour **1** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **Feb 4 1940** to **July 18 1940**  
that I last saw her alive on **July 18 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Spastic paraplegia** 10 yrs  
**Osteomyelitis of jaw** 6 mo  
Due to **Birth injury**  
Due to **abscessed tooth** 8 mo

Other conditions (Include pregnancy within 3 months of death)  
Major findings: **SIW**  
Of operations: **—**  
Of autopsy: **—**  
PHYSICIAN **—**  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **—**  
(b) Date of occurrence **—**

(c) Where did injury occur? **—** (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**381** (Specify type of place)  
While at work? **—** (e) Means of injury

23. Signature **W. V. Jeffers** (M. D. or other)  
Address **DeSoto, Mo.** Date signed **7/18/40**

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

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**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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed

*J. P. Matthews*

Licensed Embalmer No. *3531*

P. O. Address *Delto 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, above space should be left blank.**