

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10. 48  
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FILED JUL 3-1953

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>13yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1905 West Main Street</u>				d. STREET ADDRESS (If rural, give location) <u>1905 West Main Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Elvene</u> c. (Last) <u>Schutt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 29 1953</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>Oct-30-1893</u>		9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postal Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Mail</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Willard, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Arthur Schutt</u>			13b. MOTHER'S MAIDEN NAME <u>Agnes Sawyer</u>		14. NAME OF HUSBAND OR WIFE <u>Helen M. Schutt</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Helen M. Schutt</u> ADDRESS <u>Jefferson City, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Ischemic Encephalopathy</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Disease</u> DUE TO (c) <u>Vascular Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Probably Cerebral Thrombosis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Deceased when found</u>				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) <u>Jefferson City, Mo</u>		443X	
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>June 26 1953</u> to <u>June 29 1953</u> , that I last saw the deceased alive on <u>June 26 1953</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R.P. Norris M.D.</u>				23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>June 29/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July-1-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>June 29-1953</u>		REGISTRAR'S SIGNATURE <u>R.P. Norris M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.R. ...</u>		ADDRESS <u>Jefferson City, Mo</u>	

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

6581

9 7th

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 *Walter J. Fordm*

Licensed Embalmer No. *1786*

P. O. Address *Jefferson City 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.