MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ered from Doctors Hospital, Carbondale, Ill. to Children's Hospital

STATE FILE NUMBER 61-006896

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1101

FILED VS FEB 20 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Hardin

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in Ib: 1 day

c. CITY OR TOWN Sparks Hill — Inside Limits: Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) R.R. # 1 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Mickel Middle Wayne Last Schutt

4. DATE OF DEATH Month Feb. Day 2, Year 1961

5. SEX male

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1-20-61

9. AGE (last birthday) — IF UNDER 1 YEAR: Months — Days 14 — IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) Harrisburg, Illinois

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Wayne Edward Schutt

13b. MOTHER'S MAIDEN NAME Lola Cook

14. NAME OF HUSBAND OR WIFE never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Jane Henrichsen Address St. Louis Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) cardiac arrest

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac arrest

~~intestinal obstruction - post op~~

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Intestinal obstruction post op

DUE TO (c) 756 2

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

O.K. Joseph M. Jones Deputy Coroner 2-6

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-1-61, to 2-2-61 and last saw her/him alive on 2-2-61

Death occurred at 2:05pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) Eugene M Pace MD

22b. ADDRESS 500 S. Kingshighway St. Louis Missouri

22c. DATE SIGNED 2-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 2-3-61

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State) Cave In Rock, Illinois.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe Inc., 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG. FEB 3 1961

26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
	Caused - Congenital Malformation		

BY AFFIDAVIT OF DOCUMENT

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_____
Signature of Student Embalmer

Signed Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis, M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.