

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008267

STATE FILE NUMBER

AMENDED

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 83

FILED APR 3 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Charles				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Length of stay in lb 2 weeks		c. CITY OR TOWN Wentzville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 201 E. Northview		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) VERNITA Mathilda MUTERT				4. DATE OF DEATH Month March Day 26 , Year 1961				
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/16/20	9. AGE (last birthday) 40	IF UNDER 1 YEAR Months 1 Days 10	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10b. KIND OF BUSINESS OR INDUSTRY Home duties		11. BIRTHPLACE (City and state or country) Holstein, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Edward Lichtenberg			13b. MOTHER'S MAIDEN NAME Ann Huenfolt			14. NAME OF HUSBAND OR WIFE Eli Mutert		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No none			16. SOCIAL SECURITY NO. none		17. INFORMANT Eli Mutert, Wentzville, Missouri			Address 201 E. Northview
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subacute myocarditis with congestive heart failure							INTERVAL BETWEEN ONSET AND DEATH 3-12-61	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) _____		DUE TO (c) _____			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 January 24 1961 to Mar 26 1961 and last saw her alive on Mar 26, 1961 Death occurred at 9:00 am on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) H. H. Schreiner M.D.				22b. ADDRESS Manchester Mo			22c. DATE SIGNED 3-27-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/28/61	23c. NAME OF CEMETERY OR CREMATORY Linn Cemetery			23d. LOCATION (City, town, or county) (State) Wentzville, Missouri			
24. FUNERAL DIRECTOR T. J. Pitman, Wentzville, Missouri			ADDRESS 911 Pitman		25. DATE RECD. BY LOCAL REG. 3/28/61	26. REGISTRAR'S SIGNATURE L. P. Schreiner Deputy		

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 Carlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

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.