

BUREAU OF THE CENSUS
FILED AUG 25 1948THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25638

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 248

1. PLACE OF DEATH

(a) County Callaway
 (b) City or town Hutton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution State Hospital #12
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7m 15d
 (Specify whether
 In this community same
 years, months or days)

3. (a) PRINT FULL NAME FRED. J. NEUTZLER

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced 2
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 22 1874
 (Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 29 If less than one day
 hr. ____ /min. ____

9. Birthplace Sermant
 (City, town, or county) (State or foreign country)

10. Usual occupation cigar maker

11. Industry or business Cigars

MOTHER FATHER { 12. Name Frank Neutzler
 13. Birthplace Sermant
 (City, town, or county) (State or foreign country)
 14. Maiden name AK
 15. Birthplace Sermant
 (City, town, or county) (State or foreign country)

16. (a) Informant nos. records

(b) Address Hutton Mo

17. (a) Burial (b) Date thereof 8 23 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City, Mo

18. (a) Signature of funeral director Walter H. Vally

(b) Address 601 E. High St. Jefferson City, Mo

19. (a) Aug 20-1948 (b) Joan Morandoff
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole
 (c) City or town Jefferson City
 (If outside city or town limits, write "RURAL")
 (d) Street No. dk
 (If rural, give location)
 (e) Citizen of foreign country? dk (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20
 year 1948 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from 7/20/48 19____ to 8/20/48 19____;
 that I last saw him alive on 8/20/48 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death hypostatic pneumonia
 Duration _____

Due to Septicemia

Due to decubitus ulcers of back

Other conditions Fracture femur
 (Include pregnancy within 3 months of death)

Major findings: 4/6/48 due to fall
 Of operations: operated 4/21/48

Of autopsy g to ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following INFORMATION REQUESTED

(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? _____

(Specify type of place) _____

While at work? _____ (c) Means of injury _____

23. Signature J Caldwell (M. D. or other) MD

Address Hutton Mo Date signed 8/20/48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 24 1948

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.....

Slyvester H. Dulle

Licensed Embalmer No. *4321*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Sept.
Registrar's No. _____

Registration District No. _____

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Willing
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

Fred Neutzger
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex _____ 5. Color or race _____
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

8. AGE: Years _____ Months _____ Day _____ If less than one day _____ hr. _____ min.

9. Birthplace: (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace: (City, town, or county) _____ (State or foreign country) _____
14. Maiden name _____
15. Birthplace: (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: 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 April 6, 1948
(c) Where did injury occur Willing Callaway Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On ward at State Hospital
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

S-25638-1942