

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5544

State File No. ....

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>					
b. CITY OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		d. STREET ADDRESS (If rural, give location) <u>715 OLIVE ST</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>LEVERING HOSPITAL</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Judy</u>			b. (Middle) <u>CAROL</u>		c. (Last) <u>SCHUTZE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 11 1949</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>( )</u>		8. DATE OF BIRTH <u>Dec 10 1947</u>		9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> IF UNDER 1 HR. Hours <u>1</u> Min. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Hannibal Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>HARRY O SCHUTZE</u>			13b. MOTHER'S MAIDEN NAME <u>ELSIE CARNshaw</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry Schutze 715 Olive St</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Infection</u>				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/>					
				DUE TO (c)					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>482*</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>Feb 10</u> , 1949, to <u>Feb 11</u> , 1949, that I last saw the deceased alive on <u>Feb 11</u> , 1949, and that death occurred at <u>3:40 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Ad. Blue M.D. ( )</u>				23b. ADDRESS <u>Hannibal Mo</u>			23c. DATE SIGNED <u>2-19-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-14-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo</u>			
DATE REC'D BY LOCAL REG. <u>2-21-49</u>		REGISTRAR'S SIGNATURE <u>W. F. Fisher</u>		FURNERAL DIRECTOR'S SIGNATURE <u>James Donnell</u>		ADDRESS <u>Hannibal Mo</u>			

(Licensed Emballmer's Statement on Reverse Side)

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

**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.

Signed Michael J. O'Donnell

Signed .....  
Student Embalmer

Licensed Embalmer No. 3246

P. O. Address Hannibal M

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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