

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**36500**

State File No. \_\_\_\_\_

No. 300  
10.48

**FILED NOV 28 1950**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 254

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Cole</u>		<b>2. USUAL RESIDENCE</b> (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, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Last time Russellville- Rural</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>0260</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Katherine</u> b. (Middle) <u>Kautsch</u> c. (Last) <u>Kautsch</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 17 1950</u>		
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<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>		<b>8. DATE OF BIRTH</b> <u>March 24 1887</u>		<b>9. AGE</b> (In years last birthday) <u>69</u> <b>F UNDER 1 YEAR</b> Months <u>7</u> Days <u>23</u> <b>F UNDER 1 HRS.</b> Hours <u></u> Min. <u></u>	
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Housewife</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Millbrook Cole County Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A</u>	
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<b>13a. FATHER'S NAME</b> <u>Joseph Scheperle</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Matilda Fischer</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Andrew Kautsch</u>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mr. Andrew Kaurach-</u>		<b>ADDRESS</b> <u>Russellville</u>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>		ANTECEDENT CAUSES				<u>terminal</u>	
DUE TO (b) <u>Septic Gangrene left foot</u>		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>1 Month</u>	
DUE TO (c) <u>Sanesized Arteriosclerosis</u>		DUE TO (c) <u>Arteriosclerosis Heart Disease</u>				<u>17 yrs</u>	
11. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				<u>17 yrs</u>	

<b>19a. DATE OF OPERATION</b> <u>Nov. 17 - 1950</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Gangrene left foot</u>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>260X</u>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
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**22. I hereby certify that I attended the deceased from** Aug 19 48 to 11/17, 1950, that I last saw the deceased alive on 11/17, 1950, and that death occurred at 9:30 m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Marshall W. Kelly M.D.</u>		<b>23b. ADDRESS</b> <u>Jefferson City, Mo</u>		<b>23c. DATE SIGNED</b> <u>11/19/50</u>	
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>11-20-1950</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. John's Lutheran</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Stringtown, Cole Co. Mo</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>Nov. 21 - 1950</u>		<b>REGISTRAR'S SIGNATURE</b> <u>R. P. Darric MD - No. 68</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>King W. Schubert</u>		<b>ADDRESS</b> <u>Russellville Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

064

RECEIVED 11-27-50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 11-27-50

MAR 8 1951

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

*Kurt H. Schubert*

Licensed Embalmer No. 2820

P. O. Address *Russellville, 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.