

FILED OCT 9 1951

Dr. Shull

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29844**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **5305** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Liberty Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Liberty Twonship	
c. LENGTH OF STAY (In this place) 71yrs		d. STREET ADDRESS (If rural, give location) R.R.#3, Jefferson City, Mo	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R.R.#3, Jefferson City, Missouri			

3. NAME OF DECEASED (Type or Print)	a. (First) Caroline	b. (Middle) Mary	c. (Last) Walther	4. DATE OF DEATH (Month) (Day) (Year) Sept-28 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June-6-1880	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Cole County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jacob Schmutzler	13b. MOTHER'S MAIDEN NAME Mary Goser	14. NAME OF HUSBAND OR WIFE Carl Walther
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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'S SIGNATURE OR NAME Carl Walther, R.R.#3, Jefferson City, Mo	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		3 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease		10 yrs.
DUE TO (c) Generalized arteriosclerosis		15 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **10²⁰ PM - 9-28, 1951**, to **11⁴⁵ PM - 9-28, 1951**, that I last saw the deceased alive on **Sept 28, 1951**, and that death occurred at **11⁴⁵ P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. Donald Shull M.D.	23b. ADDRESS 229th E High Jefferson City Mo	23c. DATE SIGNED Sept. 29 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)	24b. DATE Oct-1-1951	24c. NAME OF CEMETERY OR CREMATORY St. Johns Church Cemetery	24d. LOCATION (City, town, or county) (State) Schuberts, Missouri
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DATE REC'D BY LOCAL REG. Oct 2-1951	REGISTRAR'S SIGNATURE R.P. Davis M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Ford	ADDRESS Jefferson City, Mo
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(Licensed Embalmer's Statement - on Reverse Side)

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

0262

RECEIVED 10-8-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 10-8-51

NOV 16 1962

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 *Donald J. F. Coman*

Licensed Embalmer No. 4623

P. O. Address *J. P. ...*

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.