

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

27850

S. No. 300
V. 10-48

FILED SEP 8 - 1952 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 815

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> <u>0396</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> <u>0396</u> | |
| b. CITY OR TOWN <u>Springfield</u> | | c. CITY OR TOWN <u>Springfield</u> <u>0</u> | |
| c. LENGTH OF STAY (in this place) <u>15 days</u> | | d. STREET ADDRESS (If rural, give location) <u>709 East Harrison</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> | b. (Middle) <u>DORAN</u> | c. (Last) <u>MUTSCHELER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>September 4, 1952</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb 17, 1867</u> |
| 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months <u></u> Days <u></u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Greene, County, Missouri</u> <u>0</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Alex Doran</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>George Mutscheler</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Mutscheler, Springfield, Mo.</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Chronic.</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) <u>Anemia Acquired</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility; Fracture left hip May 1952</u> | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4221 F</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | 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>Jan 1952</u> to <u>Sept 4, 1952</u> , that I last saw the deceased alive on <u>Sept 1, 1952</u> , and that death occurred at <u>7:50P</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>J. Newton Wakeman, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Springfield Mo.</u> | 23c. DATE SIGNED <u>9-5-52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Sept 8, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u> |
| DATE REC'D BY LOCAL REG. <u>9-5-52</u> | REGISTRAR'S SIGNATURE <u>Edith Williamson Registrar</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Schmeyer, Springfield, Mo.</u> <u>Rev</u> | |

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

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. W. Woodbury

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 James W. Wair

Licensed Embalmer No. 4650

P. O. Address Springfield, 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.