

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41376**

NOV 28 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **6242** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY <b>Washington</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-Kingston</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Kingston</b>	
c. LENGTH OF STAY (in this place) <b>30 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>STAR Rt. Blackwell</b>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <b>STAR Rt. Blackwell</b>		d. STREET ADDRESS (If rural, give location) <b>STAR Rt. Blackwell</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Stephen</b> b. (Middle) <b>John</b> c. (Last) <b>Schutte</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 21 - 1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>Sept. 9-1873</b>		9. AGE (In years last birthday) <b>79</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Washington Co. Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13. FATHER'S NAME <b>John Schutte</b>		13b. MOTHER'S MAIDEN NAME <b>Merseal</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edw. Schutte Blackwell, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>years</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			years
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>senility</b>			years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4222</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		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 **Oct 21, 1952**, to **Oct 21, 1952**, that I last saw the deceased alive on **Oct 21, 1952**, and that death occurred at **6:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul V. Muffin</b>		23b. ADDRESS <b>De Soto, Mo.</b>		23c. DATE SIGNED <b>Oct 21, 1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10-24-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Joachim</b>	
24d. LOCATION (City, town, or county) (State) <b>Old Mines, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. Lee Mathershead De Soto, Mo.</b>		DATE REC'D BY LOCAL REG. <b>10/23/52</b> REGISTRAR'S SIGNATURE <b>Helmut Rudall</b>	

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

1100

RECEIVED

OCT 20 1952

WASH. COUNTY HEALTH DEPT.

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

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 Andrew H England  
Licensed Embalmer No. 4745

P. O. Address De Soto 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.