

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17459

State File No. ....

FILED MAY 16 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 126

3264  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Jefferson City</u> )		c. CITY OR TOWN <u>Holt Summit</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>28 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>R.R.#1, Holt Summit, Mo</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Chas E Still Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Shirley</u>	b. (Middle) <u>Elvira</u>	c. (Last) <u>Schmutzler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 9 1953</u>
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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-28-1925</u>	9. AGE (In years last birthday) <u>28</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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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>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Clifford H. Mueller</u>	13b. MOTHER'S MAIDEN NAME <u>Flora Michael</u>	14. NAME OF HUSBAND OR WIFE <u>Adolph J. Schmutzler</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-22-1730</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Adolph J. Schmutzler</u>	ADDRESS <u>Holt Summit, Mo</u>
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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) <u>Circulatory Collapse</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive heart failure</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ruptured L. Fetal Pregnancy</u>			

19a. DATE OF OPERATION <u>5/7/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ruptured L. Fetal pregnancy</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>6451</u>
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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?
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22. I hereby certify that I attended the deceased from 5/7, 1953, to 5/9, 1953, that I last saw the deceased alive on 5/9, 1953, and that death occurred at 1:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. C. Michael D.O. 2</u>	23b. ADDRESS <u>Jefferson City Mo</u>	23c. DATE SIGNED <u>5/9/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May-12-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>Schuberts, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 11-53</u>	REGISTRAR'S SIGNATURE <u>R. P. Davis MD - JR</u>	EMERALD DIRECTOR'S SIGNATURE <u>Ray J. Gordon</u>	ADDRESS <u>Jefferson City, Mo</u>
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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.....  
Signature of Student Embalmer

Signed *George J. Gordon*

Licensed Embalmer No. *1286*

P. O. Address *Jeff City 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.