

STANDARD CERTIFICATE OF DEATH

31087

State File No.

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 996

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) Over 60 yr		d. STREET ADDRESS (If rural, give location) 3024 Burnsion Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) NONE c. (Last) SCHMUTZLER			4. DATE OF DEATH (Month) (Day) (Year) Sept. 10 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 11, 1882	9. AGE (in years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.
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) Andrew County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James D. Ferbrache	13b. MOTHER'S MAIDEN NAME Caroline McMurray	14. NAME OF HUSBAND OR WIFE Chris Schmutzler
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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) No	16. SOCIAL SECURITY NO. 498-24-5802	17. INFORMANT'S SIGNATURE OR NAME Chris Schmutzler	ADDRESS St. Joseph, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pancreatitis		INTERVAL BETWEEN ONSET AND DEATH wk
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aneurysmal F. aneurysm		3 days
	DUE TO (c) Hypostatic pneumonia		2 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Illness, Paralytic			2 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5870	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 9-4- 1953, to 9-10- 1953 that I last saw the deceased alive on 9-10- 1953, and that death occurred at 2:50P m., from the causes and on the date stated above.

23a. SIGNATURE M. E. Grimes M.D.	(Degree or title) MD	23b. ADDRESS St Joseph Mo.	23c. DATE SIGNED 9-11-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 12, 1953	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph. Missouri
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DATE REC'D BY LOCAL REG. Sept 15, 1953	REGISTRAR'S SIGNATURE Eather M. Allison	FUNERAL DIRECTOR'S SIGNATURE Stammy Funeral Home	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 23 1957

SEP 24

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

John W. Stamer

Signed.....
Student Embalmer

Licensed Embalmer No. *2435*

P. O. Address *St. Joseph*

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.