

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

35393

State File No. 302

Dr. Enloe

FILED OCT 27 1953

REG. DIST. NO. 77

PRIMARY REG. DIST. NO. 3016

Registrar's No. 302

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Cole</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	c. LENGTH OF STAY (In this place) <u>1 day</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Jefferson Twnshp</u>	
		d. STREET ADDRESS (If rural, give location) <u>R.R.#2, Jefferson City, Mo</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Eugenia</u>	b. (Middle) <u>Emelia</u>	c. (Last) <u>Schmutzler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 20 1953</u>
---	------------------------------	------------------------------	--------------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>MARRIED WIDOW</u>	8. DATE OF BIRTH <u>Sept-1-1881</u>	9. AGE (In years) (Month) (Day) (Hours) (Min.) <u>72</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>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cole County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>John Neighorn</u>	13b. MOTHER'S MAIDEN NAME <u>Mathilda Egggers</u>	14. NAME OF HUSBAND OR WIFE <u>Jacob Schmutzler</u>
---	---	---

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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Schmutzler, Jefferson City, Mo</u>	ADDRESS
--	---	---	----------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>20 hrs</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolicism left femoral artery</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mural thrombus - left femoral</u>		<u>?</u>
	DUE TO (c) <u>Rheumatic heart disease</u>		<u>Many years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>10/20/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Embolicism left femoral artery</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>Jefferson City, Mo</u>
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?

22. I hereby certify that I attended the deceased from 10/10, to 10/20, 1953, that I last saw the deceased alive on 10/20, 1953, and that death occurred at 9:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David Enloe M.D.</u>	23b. ADDRESS <u>Jefferson City, Mo</u>	23c. DATE SIGNED <u>10/23/53</u>
--	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct-22-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u>
---	--	--	---

DATE REC'D BY LOCAL REG. <u>Oct 23 1953</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph J. Jordan</u>	ADDRESS <u>Jefferson City, Mo</u>
---	--	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

100 10

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 *Robert J. Gordon*
Licensed Embalmer No. *1286*

P. O. Address *Jefferson 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 this body is not embalmed, fact should be so stated above.