

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

**35405**

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

**FILED OCT 16 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **5363** Registrar's No. **293**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Cole</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL--Jefferson Twn</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Jefferson Township</b>	
c. LENGTH OF STAY (In this place) <b>73yrs</b>		d. STREET ADDRESS (If rural, give location) <b>R.R.#3, Jefferson City, Mo</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>R.R.#3, Jefferson City, Mo</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>Jacob</b>	c. (Last) <b>Schmutzler</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Oct 9 1953</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>August-9-1880</b>	<b>9. AGE</b> (In years last birthday) <b>73</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farming</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Cole County, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>John Schmutzler</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Margaret Kiesling</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Eugenia Schmutzler</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. J.J. Schmutzler, R#3, Jeff City, Mo</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>7 days</b>  <b>1 year</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Hypostatic Pneumonia</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUED TO (b) Coronio sclerosis</b> <b>DUED TO (c) Severe debilitation</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4500</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Oct 5, 1953, to Oct 9, 1953, that I last saw the deceased alive on Oct 5, 1953, and that death occurred at 9 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>William A. Cox M.D.</b>	<b>23b. ADDRESS</b> <b>125 E High St Jefferson</b>	<b>23c. DATE SIGNED</b> <b>10-12-53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>Oct-11-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Riverview Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Jefferson City, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>Oct 12-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>R.P. Davis MD-MR</b>	<b>EMERALD DIRECTOR'S SIGNATURE</b> <b>Thurpe J. Gordon</b>	<b>ADDRESS</b> <b>Jefferson City, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 *Step J. Gordon*

Licensed Embalmer No. *1786*

P. O. Address *Jefferson City Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.