

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5689

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>43 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chatham Hotel, 3701 Broadway</u>				e. STREET ADDRESS (If rural, give location) <u>Chatham Hotel, 3701 Broadway</u> <u>3488</u>			
3. NAME OF DECEASED (Type or Print) <u>MRS. CAROLYN</u>		a. (First) _____		b. (Middle) _____		c. (Last) <u>SCHUTZ</u>	
4. DATE OF DEATH <u>Dec. 2, 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>March 4, 1875</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Independence, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Dr. John Bryant</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Smart</u>		14. NAME OF HUSBAND OR WIFE <u>William Henry Schutz</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>22-07-7191</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Carl B. Schutz, 209 Brush Creek, K.C.M.O.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis (occlusion)</u> ANTECEDENT CAUSES <u>Arterio-sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. INCIDENT (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo</u>			
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? _____			
22. I hereby certify that I attended the deceased from <u>12/2, 1953</u> to <u>12/2, 1953</u> , that I last saw the deceased alive on <u>12/2, 1953</u> , and that death occurred at <u>4:30 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>C.B. Schutz</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>209 Brush Creek</u>		23c. DATE SIGNED <u>12/3/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-3-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-3-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE UND. CO.</u>		ADDRESS <u>K.C.M.O.</u>	

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.....
Signature of Student Embalmer

Signed..... *F. S. Walters*

Licensed Embalmer No. *2744*

P. O. Address *H. C. 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

43166

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson } ss.

State File No. 21328

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 5689

On this 2nd day of February, 1954, before me appears Carl B. Schutz,
Executor, who, upon his oath, states that the original record of ~~birth~~ death

for Carolyn Schutz, died 12/2/53, 19 , in the State of
~~born~~ Missouri, and which was filed at Kansas City, Mo. on 12/3/53, 19 , should be corrected as follows:

Item No. 16 should read 522-07-7191

Instead of none

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL) Affiant Carl B. Schutz son

Executor of Carolyn B. Relationship.

Schutz, Estate. 330 W. 47th, K.C., Mo.

Present Address.

Subscribed and sworn to before me this 2nd day of February, 1954

My Commission expires August 29, 1955 Plyde H. Tucker Notary Public.

S-43166