

FILED JUL 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 22338

BIRTH NO. _____ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 3010 Registrar's No. 263

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Wells Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>New Wells.</u> 0160
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.E. Mo Hospital.</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Otto</u> b. (Middle) <u>Fred</u> c. (Last) <u>Kutscher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 15 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 25 1912</u>	9. AGE (In years last birthday) <u>42</u>	UNDER 1 YEAR: Months <u>1</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>New Wells Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Moritz Kutscher</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Schattauer</u>	14. NAME OF HUSBAND OR WIFE <u>Edna Bern Kutscher</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 AND ADDRESS <u>Mrs Otto Kutscher New Wells Mo</u>			

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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno Carcinoma body of Pancreas</u>			INTERVAL BETWEEN ONSET AND DEATH <u>One yr</u>
	ANTECEDENT CAUSES 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>157X</u>			

19a. DATE OF OPERATION <u>3-24-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adeno carcinoma body of Pancreas</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		
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 March 23, 1954, to July 15, 1954, that I last saw the deceased alive on July 15, 1954, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. O. Sheelaugh, M.D.</u> (Degree or title)		23b. ADDRESS <u>Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>17 July 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 16 1954</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>New Wells</u>	24d. LOCATION (City, town, or county) (State) <u>New Wells Mo</u>

DATE REC'D BY LOCAL REG. <u>7-19-54</u>	REGISTRAR'S SIGNATURE <u>T. C. Summers</u> 44-0	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>McCombe & Co. Jackson Mo</u>	
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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 B A Meyer

Licensed Embalmer No. 305-1

P. O. Address Jackson 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.