

FILED AUG 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26085

BIRTH NO. _____ REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 4532 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marthasville</u>		c. CITY OR TOWN <u>Marthasville</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>1090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		No. STREET ADDRESS (If rural, give location) <u>None</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u>		b. (Middle) <u>(none)</u>	
c. (Last) <u>Mutert</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 28, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 9, 1899</u>
9. AGE (In years last birthday) <u>64</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>Own Home</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Hopewell Academy, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Henry Timmerberg</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Lueckmann</u>	
14. NAME OF HUSBAND OR WIFE <u>Florence Mutert</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 ADDRESS <u>Hadley Mutert, Marthasville, 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, ashenita, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr nephritis (glomerular)</u> ANTECEDENT CAUSES DUE TO (b) <u>arterio sclerosis</u> since <u>1949</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes mellitus</u> 1949 <u>Emphysema of liver ascites</u> 1954	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>446X</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) m.		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>July 10, 1935</u> , to <u>July 28, 1954</u> , that I last saw the deceased alive on <u>July 28, 1954</u> , and that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M. J. Schuch</u>		23b. ADDRESS <u>Marthasville Mo</u>	
23c. DATE SIGNED <u>7-30-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7/31/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Marthasville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>N. T. Kistler, Marthasville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/31/54</u>		REGISTRAR'S SIGNATURE <u>J. C. Johnson</u> 334	

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

MS
MAY 11 1959

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.....
Herbert F. Lutz

Licensed Embalmer No. *431*

P. O. Address.....
Mathau

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.