

No. 300  
10.48

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28185

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 70

1. PLACE OF DEATH <u>HOSPITAL</u> a. COUNTY <u>Lincoln Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Troy Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville Mo RR2</u>	
c. LENGTH OF STAY (In this place) <u>5 da</u>		d. STREET ADDRESS (If rural, give location) <u>27mi East of Faint Hill Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln Co Memorial Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Joseph</u>		b. (Middle) _____	
c. (Last) <u>Schuetter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept. 12-1889</u>
9. AGE (In years last birthday) <u>64</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>28</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>EMOH Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</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 <u>Farming</u>	
13a. FATHER'S NAME <u>Casper Schuetter</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Berghoff</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Christine Schuetter</u> ADDRESS <u>Wentzville Mo RR2</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage (right)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Secondary to trauma</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway 61</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Flint Hill, St. Charles Co, Mo.</u> (STATE) <u>Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 5 1954 11 Pm.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Struck by auto</u>		22. I hereby certify that I attended the deceased from <u>Sept 5</u> , 19 <u>54</u> , to <u>Sept 10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept 10</u> , 19 <u>54</u> , and that death occurred at <u>3 A. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Norm K. Muehlen M D</u> (Degree or title)		23b. ADDRESS <u>Troy Mo.</u>	
23c. DATE SIGNED <u>9-11-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-12-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Theodor's</u>	
24d. LOCATION (City, town, or county) (State) <u>Faint Hill Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emma R. Riddle</u> ADDRESS <u>162 St. E. Pitman Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>9-11-54</u>		REGISTRAR'S SIGNATURE _____	

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

570

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 \_\_\_\_\_

*Sarnton J. Pitman*

Student Embalmer No. 497

working under my personal supervision.

Student *Sarnton J. Pitman*

Student Embalmer

Signed

*Anneta M. Pitman*

Licensed Embalmer No. 3055

P. O. Address *Hertsville, Va.*

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.