

FILED JUN 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16679

STATE FILE NUMBER

Registration District No. 110 Primary Registration District No. 5425 Registrar's No.

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin ✓	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boeuf		c. CITY OR TOWN Berger RFD 0360 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Arthur Schutt Res		d. STREET ADDRESS 3 1/2 Miles S. of Berger	
Length of stay in lb 64 Yrs		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WILHELMINE Middle JULIANE Last SCHUTT			4. DATE OF DEATH Month 5 Day 22 Year 1957			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-19-1868	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 8 Days 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Hermann RFD Mo		
13. FATHER'S NAME Karl C. Brautigam			12. CITIZEN OF WHAT COUNTRY? USA			
14. MOTHER'S MAIDEN NAME Wilhelmine Dieterle			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No			
16. SOCIAL SECURITY NO. None		17. INFORMANT Arthur Schutt Berger RFD Mo				

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia			INTERVAL BETWEEN ONSET AND DEATH 4 da.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic myocarditis			
DUE TO (c) Arteriosclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4221			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. Month p. m. Day Year			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 5/20/57 to 5/22/57 and last saw her alive on 5/21/57 Death occurred at 3:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. O. Hermann, M.D.		22b. ADDRESS Hermann, Mo.		22c. DATE SIGNED 5/23/57	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-25-1957	23c. NAME OF CEMETERY OR CREMATORY Bethany E&R Cem	23d. LOCATION (City, town, or county) Berger RFD	(State) Mo
24. FUNERAL DIRECTOR James H. Blumberg Berger Mo		25. DATE RECD. BY LOCAL REG. May 23-1957	26. REGISTRAR'S SIGNATURE Nettie Murphy	

(Licensed Embalmer's Statement on Reverse Side)

Health,
& Welfare
Public
ServiceS. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....

Licensed Embalmer No. 4108

P. O. Address

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.