

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010172  
STATE FILE NUMBER 1145

FILED MAR 19 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1145

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1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>14 E. 34 Terr.</b>		Length of stay in lb <b>30 yrs</b>		d. STREET ADDRESS <b>14 E. 34th Terr.</b>	
3. NAME OF DECEASED (Type or print) First <b>ERNEST</b> Middle <b>C.</b> Last <b>SCHUTT, SR.</b>			4. DATE OF DEATH Month <b>3</b> Day <b>1</b> Year <b>58</b>		
5. SEX <b>Ma</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10-7-1888</b>	9. AGE (In years last birthday) <b>69</b>	FUNDER 1 YEAR Months <b>6</b> Days <b>1</b> Hours <b>58</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Stationary</b>		11. BIRTHPLACE (City and state or country) <b>Sedalia, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Carl Schutt</b>		13b. MOTHER'S MAIDEN NAME <b>Wilhelmine Egdorf</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary D. Schutt</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-09-1195</b>	
17. INFORMANT <b>Mrs. Mary D. Schutt, 14 E 34 Terr.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Coronary Artery Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4201</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, General and cardiac</b>		DUE TO (c) <b>Aortic Aneurysm, Mitral Stenosis - History: Hypertension</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18) <b>with arricular fibrillation and bundle branch block</b>			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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 <b>many years last to 20 South Subur</b> and last saw <sup>her</sup> alive on <b>1 month ago</b> Death occurred at <b>March 1, 1958 1 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>W. A. Myers M.D.</b>			22b. ADDRESS <b>1115 Grand Ave. Kansas City, Mo.</b>		22c. DATE SIGNED <b>3-2-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-4-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>	
23d. LOCATION (City, town, or county) <b>Kansas City, Mo.</b>		24. FUNERAL DIRECTOR <b>Magner Funeral Home, K.C. Mo</b>		25. DATE RECD. BY LOCAL REG. <b>3-3-58</b>	
26. REGISTRAR'S SIGNATURE <b>Reva Marshall</b>					

W. A. Myers  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION



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 *Thomas D. Kupler* .....

Licensed Embalmer No. *4995* .....  
P. O. Address *R. E. Tho* .....

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.