

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14014

FILED MAY 6 - 1957

3046 STATE FILE NUMBER
~~5626~~ Registrar's No. **42**

Registration District No. **22:4** Primary Registration District No. _____

Health,
& Welfare
Public
Service

S. 300
v. 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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Walker Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN California		Inside Limits es <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Latham Hospital			Length of stay in 1b			d. STREET ADDRESS (If outside, give location) 2 Mi. N. Cal. Mo.		
3. NAME OF DECEASED (Type or print) First EDITH Middle FLORA Last MUTTI			4. DATE OF DEATH Month April Day 4 Year 1957					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct 4 1880		9. AGE (In years last birthday) 76 Months 6 Days 0 Hours 0 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY 494-38-0575		11. BIRTHPLACE (City and state or country) Centertown Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME John Heinrich				14. MOTHER'S MAIDEN NAME Louise Mueller				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. No		17. INFORMANT Walter Mutti Address California 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) Carcinoma of breast with generalized metastases Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 2 years	
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. _____ p. m.								
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 March 25, 1957 to April 4, 1957 and last saw her him alive on April 4, 1957 Death occurred at 1:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Kennyon Latham, M.D.				22b. ADDRESS California, Mo		22c. DATE SIGNED 4-5-57		
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE 4-6-1957	23c. NAME OF CEMETERY OR CREMATORY Robbuck Cemetery		23d. LOCATION (City, town, or county) (State) California Mo.			
24. FUNERAL DIRECTOR Hugh E. Williams ADDRESS California Mo.			25. DATE RECD. BY LOCAL REG. 4-9-57		26. REGISTRAR'S SIGNATURE Delwood Papejny			

(Licensed Embalmer's Statement on Reverse Side)

JUL 18 1958

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 *Hugh E. Williams*

Licensed Embalmer No. *353*

P. O. Address *California*

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.