

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047738

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 88

FILED JAN 2 1963

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 California		c. CITY OR TOWN California	
Length of stay in lb Life		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route # 2, 2 1/2 Mi. North		d. STREET ADDRESS (If outside, give location) Route # 2, 2 1/2 Mi. North	
3. NAME OF DECEASED (Type or print) First WALTER Middle HERMAN Last MUTTI		4. DATE OF DEATH Month December Day 22 , Year 1962	
5. SEX Male	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 11/23/1882
9. AGE (last birthday) 80		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (City and state or country) Moniteau County, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John Mutti	
13b. MOTHER'S MAIDEN NAME Elizabeth Buetler		14. NAME OF HUSBAND OR WIFE Edith Heinrich	
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. 494-38-0574	
17. INFORMANT Mrs. W. F. Irwin, Route # 2, Missouri		Address California	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			<u>3 + years</u>
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. _____ p.m. Month, 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.) California, Route 2, Moniteau, Mo	20f. CITY, TOWN, OR LOCATION California, Route 2, Moniteau, Mo
21. I attended the deceased from <u>12-22-62 only</u> and last saw her/him alive on <u>12-22-62</u>		Death occurred at <u>6:08 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>RBS Fulke M.D.</i>		22b. ADDRESS California, Mo	22c. DATE SIGNED 12-23-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/24/1962	23c. NAME OF CEMETERY OR CREMATORY Rohrbach Cemetery	23d. LOCATION (City, town, or county) (State) Moniteau County, Missouri
24. FUNERAL DIRECTOR Hugh E. Williams, California, Missouri	ADDRESS	25. DATE RECD. BY LOCAL REG. 12/24/62	26. REGISTRAR'S SIGNATURE <i>Delbert J. Pappas</i>

USE BLACK INK OR TYPEWRITER RIBBON

JAN 4 1963

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address California, Missouri

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.