

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32547**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5045 Registrar's No. 174

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>Rural - Wheaton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wheaton</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>P.O. Purdy - 0050</u>	
3. NAME OF DECEASED a. (First) <u>Alno</u> b. (Middle) <u>Marie</u> c. (Last) <u>Mutrux</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5 - 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov. - 23 - 1863</u>
9. AGE (In years last birthday) <u>86</u>		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <u>10 12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Calais - France</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Benjamin Decoy</u>		13b. MOTHER'S MAIDEN NAME <u>D.K.</u>	
14. NAME OF HUSBAND OR WIFE <u>Charles A. Mutrux</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>	
16. SOCIAL SECURITY NO. <u>none.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>G.J. Mutrux Purdy Mo R.F.D.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>carcinoma of cervix</u> many years. DUE TO (c) <u>cervical trauma</u> many years. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial decompensation</u> 3 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>171X</u>			
22. I hereby certify that I attended the deceased from <u>May 5, 1950</u> , to <u>Oct. 5, 1950</u> , that I last saw the deceased alive on <u>Oct. 4, 1950</u> , and that death occurred at <u>3:50 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Fred R. Clark D.O.</u> (Degree or title)		23b. ADDRESS <u>Wheaton, Missouri</u>	
23c. DATE SIGNED <u>10/7/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 8 - 50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood</u>		24d. LOCATION (City, town, or county) (State) <u>Exeter Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct 9 - 1950</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wheaton Funeral Home</u>		ADDRESS <u>Wheaton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield  
RECEIVED OCT 16 1950  
Dist. File 1050-2110  
Date Filed

79176-1978

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 .....  
Student Embalmer

Signed Paul D. Herbert

Licensed Embalmer No. 4576

P. O. Address Cassville Mo

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.