

FILED MAY 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12515**

BIRTH NO. _____		REG. DIST. NO. 44		PRIMARY REG. DIST. NO. 4061		Registrar's No. 16		
1. PLACE OF DEATH a. COUNTY Caldwell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Rothas				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Braymer		c. LENGTH OF STAY (If in this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia,		d. STREET ADDRESS (If rural, give location) 203 East 6th Street		
d. FULL NAME OF HOSPITAL OR INSTITUTION city				d. STREET ADDRESS (If rural, give location) 203 East 6th Street				
3. NAME OF DECEASED (Type or Print) a. (First) Sophia			b. (Middle) Mutton		c. (Last) Mutton			
4. DATE OF DEATH (Month) (Day) (Year) May 8, 1956				5. SEX Female				
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH June 8, 1877		9. AGE (In years last birthday) 79 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Braymer, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ivin Bliss ADDRESS Braymer, Mo				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x					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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from May 4, 1956 , to May 7, 1956 , that I last saw the deceased alive on May 7, 1956 , and that death occurred at 6:30 A.M. , from the cause and on the date stated above.								
23a. SIGNATURE [Signature] (Degree or title) D.O.				23b. ADDRESS Braymer, Missouri		23c. DATE SIGNED May 8, 1956		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 10, 1956		24c. NAME OF CEMETERY OR CREMATORY Plymouth Cem.		24d. LOCATION (City, town, or county) (State) Braymer, Missouri		
DATE REC'D BY LOCAL REG. May 10, 1956		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Mead Funeral Service,		ADDRESS Braymer, MO		

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

STATEMENT BY LICENSED EMBALMER

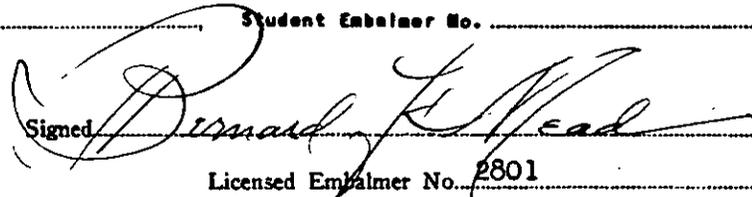
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 2801

P. O. Address Braymer, 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 this body is not embalmed, fact should be so stated above.