. Health,
& Welfare
S. Public
h Service

S. 300
v. 1-56

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
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

FILED MAY 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14014
STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Walker Township — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Latham Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Moniteau
c. CITY OR TOWN California — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 2 Mi. N. Cal. Mo. — Reside on Farm Yes ☐ No ☐

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 ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct 4 1880
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 76 Days 6 IF UNDER 24 HRS. 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.Q.
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) No (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO.
17. INFORMANT Walter Mutti Address California Mo.

MEDICAL CERTIFICATION

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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) generalized metastases
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 2 years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 170X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 14 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kenyon Latham M.D.
22b. ADDRESS California, Mo
22c. DATE SIGNED 4-5-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-6-1957
23c. NAME OF CEMETERY OR CREMATORY Rohrbach Cemetery
23d. LOCATION (City, town, or county) California (State) Mo.

24. FUNERAL DIRECTOR Hugh E Williams ADDRESS California Mo.
25. DATE RECD. BY LOCAL REG. 4-9-57
26. REGISTRAR'S SIGNATURE Helen L. Papejoy

(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 emba

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. (Fa
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.