

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2175

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 261 PRIMARY REG. DIST. NO. 4381 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hopkins</b>	c. LENGTH OF STAY (in this place) <b>56 yrs</b>	c. CITY OR TOWN <b>Hopkins</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		e. STREET ADDRESS (If rural, give location) <b>0740</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Albert</b>	b. (Middle) <b>Frederick</b>	c. (Last) <b>Mutti</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 25, 1958</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 18, 1876</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HOUR Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Hardware</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>California, Mo.</b>	12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Mutti</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Beutler</b>	14. NAME OF HUSBAND OR WIFE <b>Eva Mutti</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>49 240 5211</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Edward Mutti, Hopkins, Mo.</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>18 mo</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Myocardial degeneration</b>		<b>15 days</b>
	DUE TO (c)  DUE TO (b)  DUE TO (a)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>332x</b>
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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?
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22. I hereby certify that I attended the deceased from **6/1, 1956** to **1/25, 1958** that I last saw the deceased alive on **1/25, 1958** and that death occurred at **2:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Deputy or title)	23b. ADDRESS <b>Hopkins, Mo.</b>	23c. DATE SIGNED <b>1/27/58</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-28-58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hopkins</b>	24d. LOCATION (City, town, or county) (State) <b>Hopkins, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-1-58</b>	REGISTRAR'S SIGNATURE <b>Bess Bolt</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stanley Swanson</b>	ADDRESS <b>Hopkins, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 2 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 myself....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Stanley Swanson.....  
Licensed Embalmer No. 3963.....

P. O. Address Hopkins, M

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.