

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002343
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 5

FILED JAN 29 1963

VS 300
Rev. 4/59

1 0560
2 0520
3
4 1
5 2
6
7 0
8 2
9 331X
10
11
12 86-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lewistown		Length of stay in 1b 2 wks	c. CITY OR TOWN Edina Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Prairie View Rest Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) MYRTLE MUTCHLER		4. DATE OF DEATH Month Jan Day 19 Year 1963	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 16 Nov 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 73
11. BIRTHPLACE (City and state or country) LaBelle, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Thomas J. Cooper		13b. MOTHER'S MAIDEN NAME Mary Jane Workman	
14. NAME OF HUSBAND OR WIFE John W. Mutchler		17. INFORMANT Address George E. Boltz Burlington, Ia.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		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>Cerebro-Vascular Accident</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Diabetes</u> 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 checked="" 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.)	
20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____		21. I attended the deceased from <u>5 Jan 63</u> to <u>19 Jan 63</u> and last saw her alive on <u>19 Jan 63</u> Death occurred at <u>D.O.A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>John W. Wills D.O.</u>		22b. ADDRESS <u>Lewis town, Mo</u>	
22c. DATE SIGNED <u>21 Jan 63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
23b. DATE <u>22 Jan 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Linville Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Edina, Mo</u>		24. FUNERAL DIRECTOR ADDRESS <u>HUDSON-RIMER FUNERAL HOMES Edina, Mo 6-24-'63</u>	
25. DATE RECD. BY LOCAL REG. <u>6-24-'63</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</u>	

JAN 30 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 *A. J. Rimmer*

Licensed Embalmer No. 5041

P. O. Address Edina, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.