

REC'D JUL 17 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21637

Do not use this space.

## 1. PLACE OF DEATH

(a) County Clay Registration District No. 197  
 (b) Township Galatun Primary Registration District No. 3276A Registered No. \_\_\_\_\_  
 (c) City N. W. C. Mo. (d) Street No. North N. C. R. 5 St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
Louise Dice Cutler

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Fe. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. A. Cutler  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21-57  
 7. AGE YEARS 80 MONTHS 5 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Home.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1938 to June 20, 1938  
 I last saw him alive on June 20, 1938 Death is said to have occurred on the date stated above, at 12:15 a.m.  
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galatun, Mo.  
 13. NAME Geo. Deveres  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sarrett Co Mo  
 15. MAIDEN NAME Lutitia Rosh  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Mo  
 17. INFORMANT (ADDRESS) Mr's Herbert E. King North W. C. R. R. # 5  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ms. Washington DATE June 23, 1938  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Eglar Funeral Home N. C. Mo.  
 20. FILED 6-22 1938 Viola C. Noyes Local Registrar.

Date of onset \_\_\_\_\_  
Chronic myocarditis  
 Other contributory causes of importance: 93C

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) H. F. ..., M. D.  
 (Address) ...

*Viola Meyer.  
Clearance.*

**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**