

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

90

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>4025</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wheaton</u>		c. LENGTH OF STAY (in this place) <u>10</u> dys		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wheaton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheaton Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Purdy Rural Route # 1</u>			
3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) <u>August</u> c. (Last) <u>MutruX</u>			4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>-18</u> (Year) <u>1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July-6-1867</u>	
9. AGE (in years last birthday) <u>82</u>		# UNDER 1 YEAR Months <u>6</u> Days <u>12</u>		# UNDER 24 HRS. Hours <u>5</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Switzerland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lucin MutruX</u>		13b. MOTHER'S MAIDEN NAME <u>Elliot Campicho</u>		14. NAME OF HUSBAND OR WIFE <u>Alna Marie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H. A. MutruX, Exeter Missouri</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Esoteric Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Stomach</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <u>7-1</u> , 19 <u>47</u> , to <u>1-18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-18</u> , 19 <u>50</u> , and that death occurred at <u>5:40 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Exeter, Mo.</u>		23c. DATE SIGNED <u>1-20-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-20-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Exeter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Exeter, Barry, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 24-1950</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Morris Love, Wheaton, Mo.</u>			

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

00500

096167 NON

RECEIVED JAN 30 1950
District Health Office No. 6,
District File Number 150-144
Date Filed 1-30-50

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 _____

James Kenyth Duncan

Student Embalmer No. 308

working under my personal supervision.

Student Kenyth Duncan
Student Embalmer

Signed Wm. Weisskopf

Licensed Embalmer No. 3442

P. O. Address Wheaton 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.