

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

36418

State File No. _____

FILED NOV 24 1954

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 194

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| 1. PLACE OF DEATH a. COUNTY <u>Audain</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u> | |
| b. CITY OR TOWN <u>Mexico</u> | | c. CITY OR TOWN <u>Mexico</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>1 month</u> | | e. STREET ADDRESS (If rural, give location) <u>203 E. Breckenridge St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>MILDRED</u> | b. (Middle) <u>ANN</u> | c. (Last) <u>RUTTER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20, 54</u> |
|---|---------------------------|------------------------|-------------------------|---|

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|--------------------------------|---|--|---|--|---|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>March 9, 1904</u> | 9. AGE (In years last birthday) <u>50</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retail stores</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Audrain County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>James B. Rutter</u> | 13b. MOTHER'S MAIDEN NAME <u>Annie Keeton</u> | 14. NAME OF HUSBAND OR WIFE |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>491-05-7554</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Margutite Rutter, Mexico, Mo.</u> | 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of left breast</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>Inflammatory Carcinoma 170x</u> | 20. AUTOPSY? 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, elsewhere) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 July 7, 1952, to Nov 20, 1954, that I last saw the deceased alive on Nov 20, 1954, and that death occurred at 4P m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> | (Degree or title) | 23b. ADDRESS <u>[Address]</u> | 23c. DATE SIGNED <u>11/22/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov. 22, 54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u> | 24d. LOCATION (City, town, or county) (State) <u>Mexico, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Nov 22 1954</u> | REGISTRAR'S SIGNATURE <u>Blanche Neely</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl E. Reed</u> | ADDRESS <u>Mexico, Mo.</u> |
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

NOV 29

NOV 24 1957

JUN 13 1957

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 *Billy Jack Skinner*.....

Licensed Embalmer No. 4784.....

P. O. Address Mexico, 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.