

FILED JUL 11 1955

THE DIVISION OF HEALTH OF THE STATE OF MICHIGAN
STANDARD CERTIFICATE OF DEATH

State File No. 19351

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MICHIGAN</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>EAST LANSING</u> 8210	
c. LENGTH OF STAY (In this place) <u>ARRIVAL</u>		d. STREET ADDRESS (If rural, give location) <u>1137 ALTON RD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>PAMELA</u>	b. (Middle) <u>JOYCE</u>	c. (Last) <u>MUTTER</u>	(Month) <u>7</u>	(Day) <u>3</u>	(Year) <u>55</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>8 MAY 1944</u>		
9. AGE (In years last birthday) <u>11</u>			MONTHS <u>1</u>	DAY <u>23</u>	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>BROCK NEB</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>F.C. MUTTER D.O.</u>		13b. MOTHER'S MAIDEN NAME <u>EULA JOYCE MILAM</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lawson Milan Marceline</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subdural Hematoma</u></p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Fracture Skull left Occipital</u></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS -</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>							
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>School</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>East Lansing Michigan</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 3 1955</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell from "Rods" at school</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 7-3-55, 1955, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Smith M.D.</u>		23b. ADDRESS <u>Marceline, Mo</u>		23c. DATE SIGNED <u>7-4-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-6-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DEEP DALE</u>	
				24d. LOCATION (City, town, or county) (State) <u>EAST LANSING MICH</u>	

DATE REC'D BY LOCAL REG. <u>7-6-55</u>		REGISTRAR'S SIGNATURE <u>Mary J. Royway</u> 401-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas M. Slaughter Marceline Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed George D. Vannell

Licensed Embalmer No. 4725

P. O. Address Marietta, Ga.

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.