

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024494
STATE FILE NUMBER

FILED JUL 30 1958

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 159

300
1-57
43
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1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Audrain (If institution: Residence before a. STATE Missouri b. COUNTY Audrain)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Mexico TOWN Mexico		c. CITY OR TOWN Mexico 0040 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Audrain Hospital		d. STREET ADDRESS R.F.D.#5 (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ROSA BEATRICE RUTTER			4. DATE OF DEATH Month Day Year July 21, 58		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 24, 1898	9. AGE (In years last birthday) 59	10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) School teacher	10b. KIND OF BUSINESS OR INDUSTRY Teaching	11. BIRTHPLACE (City and state or country) Centralia, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Lee Goslin	13b. MOTHER'S MAIDEN NAME Lura Toalson	14. NAME OF HUSBAND OR WIFE Claude C. Rutter
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or if unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mr. Claude C. Rutter, Mexico, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma to liver & lungs and Peritonum and Peritonum DUE TO (b) Carcinoma of Stomach. Subtotal Castrophy DUE TO (c) 151X		INTERVAL BETWEEN ONSET AND DEATH 6 Weeks 6-5-56 6-5-56
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) X
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 11:30 a.m.	20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	20f. CITY, TOWN, OR LOCATION Mexico	COUNTY	STATE
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21. I attended the deceased from 6-5-56 to 6-21-58 and last saw her alive on 6-21-58 Death occurred at 6-21-58 11:30 m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Harry F. O'Brien M.D.	22b. ADDRESS Mexico, Missouri	22c. DATE SIGNED 7-22-58
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23a. BURIAL, CREMATION, or other disposition (Specify) Burial	23b. DATE July 23, 58	23c. NAME OF CEMETERY OR CREMATORY Elmwood	23d. LOCATION (City, town, or county) (State) Mexico, Mo.
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24. FUNERAL DIRECTOR ADDRESS Precht-Hueston, Mexico, Mo.	25. DATE RECD. BY LOCAL REG. July 23, 1958	26. REGISTRAR'S SIGNATURE Blanche Neely
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All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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JUL 2 1967

FEES \$6.25
1959

VS MAY 25 1967

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 *Earl E. Puck*

Licensed Embalmer No. 3189.....
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.