

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001001

STATE FILE NUMBER

FILED FEB 9 1959

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 127

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MT. VERNON 6550'
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHNS HOSP.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 114 W. SLOAN
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First LOUIS Middle MATHIAS Last MULTER			4. DATE OF DEATH Month FEB Day 4 Year 1959		
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5. SEX MALE	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 18 MARCH 1898	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE MANAGER	10b. KIND OF BUSINESS OR INDUSTRY MILK PLANT	11. BIRTHPLACE (City and state or country) HAYDEN, WISCONSIN	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOSEPH MULTER	13b. MOTHER'S MAIDEN NAME MARY ENDRENGER	14. NAME OF HUSBAND OR WIFE MYRTLE MULTER
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give type of service) YES WWI	16. SOCIAL SECURITY NO. 487-03-9355	17. INFORMANT HOSPITAL RECORDS	Address
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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) ATHEROSCLEROTIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH SIX SEVERAL YEARS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **8011-54** to **2-4-59** and last saw him alive on **2/4/59**
Death occurred at **8:55** A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Walter T. ... M.D.	(Degree or title) D	22b. ADDRESS 609 Cherry-Springfield, Mo.	22c. DATE SIGNED 2-5-59
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23a. BURIAL, CREMATION, EMOVAL (Specify) BURIAL	23b. DATE 2-6-59	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY	23d. LOCATION (City, town, or county) (State) MT. VERNON, Mo.
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24. FUNERAL DIRECTOR MAX FOSSETT	ADDRESS MT. VERNON, Mo.	25. DATE RECD. BY LOCAL REG. 2-5-59	26. REGISTRAR'S SIGNATURE Effie E. Melton
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 17 1959

VS DEC 12 1950

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 *Mal Rhodes*

Licensed Embalmer No. 407

P. O. Address *Springfield*

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.