

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018271
STATE FILE NUMBER

FILED JUN 15 1959

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Edina		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Edina <u>0520</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gibson Hospital		Length of stay in 1b 5 days	d. STREET ADDRESS (If outside, give location) Edina Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle WESLEY Last MUTCHLER			4. DATE OF DEATH Month June Day 10 Year 1959		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 31 July 1884	9. AGE (In years at birthday) 74 <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor-gen laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Nebraska City, Nebr	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Mutchler		13b. MOTHER'S MAIDEN NAME Georgia Blastengame	14. NAME OF HUSBAND OR WIFE Myrtle Cooper Boltz	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 498-095648A	17. INFORMANT Mrs. Myrtle Mutchler Address Edina, 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) Arteriosclerosis Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute + Chronic Coronary Thrombosis	
	DUE TO (c) Arteriosclerosis	
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? YES <input type="checkbox"/> NO <input checked="" 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.) ITEM 8 + 9 CORRECTED
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	BY: 1. AFFIDAVIT OF Informant 2. DOCUMENT Notarized statement of deceased on delayed burial record

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 Edina	COUNTY Knox	STATE Mo
21. I attended the deceased from 6-4-59 to 6-10-59 and last saw her alive on 6-10-59 Death occurred at 2:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE [Signature]	(Degree or title) 2	22b. ADDRESS Edina	22c. DATE SIGNED 6-10-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11 June '59	23c. NAME OF CEMETERY OR CREMATORY Linville Cemetery	23d. LOCATION (City, town, or county) (State) Edina, Missouri

24. FUNERAL DIRECTOR [Signature]	ADDRESS Edina, Mo	25. DATE RECD. BY LOCAL REG. June 12-1959	26. REGISTRAR'S SIGNATURE [Signature]
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
-57

1958 AUG 7

1958 AUG 6

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 *A. R. [unclear]* _____

Licensed Embalmer No. 5041
P. O. Address Edina, MN

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.