

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 40

54
23
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>Lafayette</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Desirington</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Concordia</i>	
c. LENGTH OF STAY (in this place) <i>3 weeks</i>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION	

3. NAME OF DECEASED (Type or Print) a. (First) <i>PETER</i> b. (Middle) _____ c. (Last) <i>MUELLER</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>5 5 1949</i>		
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Wht</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>NEVER MARRIED</i>	
8. DATE OF BIRTH <i>2-10-1866</i>		9. AGE (In years last birthday) <i>83</i>		10. IF UNDER 1 YEAR Days <i>25</i> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>W E Meyer</i>		ADDRESS <i>Concordia Mo</i>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic heart disease</i>		ANTECEDENT CAUSES		<i>years</i>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<i>4200</i>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>NO</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from *April 25, 1949 to May 5, 1949* that I last saw the deceased alive on *May 2, 1949* and that death occurred at *12 noon* from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Walter Koppelman, Jr MD</i>		23b. ADDRESS <i>Heggenville, Mo.</i>		23c. DATE SIGNED <i>May 5, 1949</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>5/7/49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>CONCORDIA CEM.</i>	
24d. LOCATION (City, town, or county) (State) <i>CONCORDIA, MO.</i>		DATE REC'D BY LOCAL REG. <i>5/12/49</i>		REGISTRAR'S SIGNATURE <i>Wm E. Embellock</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>FORREST F. TEMPEL</i>		ADDRESS <i>LEX. MO</i>			

RECEIVED MAY 14

District Health Officer No. 8

District File Number

Date Filed 5-14-79

2000

with...

101 2 10

MEMBER

7-1-79

2000

MEMBER

MEMBER

MEMBER

2000

MEMBER

MEMBER

MEMBER

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 Leo M. Kean

Licensed Embalmer No. 2983

P. O. Address Leungton 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 this body is not embalmed, fact should be so, stated above.