

FILED AUG 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **24345**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **5947** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural St James township</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. James, Rural</b>	
c. LENGTH OF STAY (In this place) <b>50 years</b>		d. STREET ADDRESS (If rural, give location) <b>St. James Tap</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 mile West of St James mo</b>			

3. NAME OF DECEASED (Type or Print) <b>Emma Mueller</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7 19-49</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct 27-1848</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days <b>6 22</b>	IF UNDER 1 HR. Hours Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b></b>	11. BIRTHPLACE (State or foreign country) <b>Salem mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	

13a. FATHER'S NAME <b>Oris Wardlaw</b>	13b. MOTHER'S MAIDEN NAME <b>Dora Kruw</b>	14. NAME OF HUSBAND OR WIFE <b>John Mueller</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b></b>	17. INFORMANT'S SIGNATURE OR NAME <b>John Mueller</b>	ADDRESS <b>St James mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES 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.			<b>4222</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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 **July 15, 1949**, to **July 19, 1949**, that I last saw the deceased alive on **July 12, 1949**, and that death occurred at **6:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. B. Minson, N. S. O.</b>	(Degree or title)	23b. ADDRESS <b>St. James, mo</b>	23c. DATE SIGNED <b>7-26-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-21-49</b>	24c. NAME OF CEMETERY OR CREMATORIAL <b>Maconic Cem</b>	24d. LOCATION (City, town, or county) (State) <b>St James mo</b>
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DATE REC'D BY LOCAL REG <b>7-27-49</b>	REGISTRAR'S SIGNATURE <b>Cara C. Birmingham</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ol' Dick Klieber</b>	ADDRESS <b>St James mo</b>
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RECEIVED  
Phelps County Health Officer,  
County File Number  
Date Filed 8-3-49

**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 \_\_\_\_\_  
*me* Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed

*Oral E. Lickleiter*

Licensed Embalmer No.

*3949*

P. O. Address

*St James, 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.