

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34743**

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5998</u>		Registrar's No. <u>90</u>			
1. PLACE OF DEATH a. COUNTY <u>Putnam Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Putnam</u>					
b. CITY OR TOWN <u>Farmville Mo</u>		c. LENGTH OF STAY (in this place) <u>17</u>		c. CITY OR TOWN <u>Powersville, Mo.</u>		86			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William R.</u> b. (Middle) _____ c. (Last) <u>Muller</u>			4. DATE OF DEATH		Month <u>11</u> - Day <u>1</u> - Year <u>49</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>March 13 1887 - 92</u>			
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Days <u>18</u>		IF UNDER 1 HRS. Hours <u>1</u> Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Merced, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Oron Miller</u>			13b. MOTHER'S MAIDEN NAME <u>Hansen</u>		14. NAME OF HUSBAND OR WIFE <u>Parthena Miller</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Campbell Powersville Mo</u> ADDRESS _____					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				DUPLICATE OF (b) <u>Age or natural causes</u>				794X	
DUPLICATE OF (c) _____				II. OTHER SIGNIFICANT CONDITIONS: <u>Natural causes old age</u>					
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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Chas Fowler Corcoran</u> (Degree or title) _____				23b. ADDRESS <u>Irwinville, Mo</u>		23c. DATE SIGNED <u>11-5-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>11-4-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wilder</u>		24d. LOCATION (City, town, or county) <u>Merced Co Mo</u> (State) <u>Mo</u>			
DATE REC'D BY LOCAL REG. <u>11-5-49</u>		REGISTRAR'S SIGNATURE <u>Marvill Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Noel Moss</u> ADDRESS <u>Princeton Mo</u>					

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

RECEIVED NOV 8 1949
District Health Officer No. 10
District File Number 11-49-1291
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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.

Student
Student Embalmer

Signed Neil Moss

Licensed Embalmer No. 2634

P. O. Address Funeral Home

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.