

FILED NOV 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36500

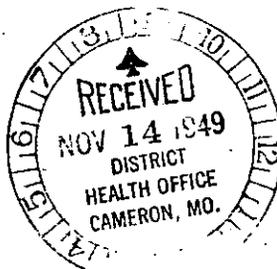
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>46</u>		PRIMARY REG. DIST. NO. <u>4063</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton</u>		c. LENGTH OF STAY (In this place) <u>77 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton</u>		d. STREET ADDRESS (If rural, give location) <u>320 N. Prairie St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, 320 N. Prairie St.</u>				d. STREET ADDRESS (If rural, give location) <u>320 N. Prairie St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>Elmer</u> c. (Last) <u>Muller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29, 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 4, 1875</u>	
9. AGE (In years last birthday) <u>74</u> Months <u>0</u> Days <u>25</u> Hours <u>-</u> Min. <u>-</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Feed & Coal Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Feed + Fuel</u>		11. BIRTHPLACE (State or foreign country) <u>Davies Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jacob Muller</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Tuttle</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Ella Muller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>1</u>		17. INFORMANT'S SIGNATURE / OR NAME ADDRESS <u>Nora E. Muller Hamilton Mo.</u>			
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, asthenia, etc. "It" means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Previous Cerebral Thrombosis.</u> 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. <u>87</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u> <u>18 yrs.</u>
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		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) (Min.)		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 _____, 193 <u>2</u> , to <u>Oct. 29, 1949</u> , that I last saw the deceased alive on <u>Oct. 28</u> , 1949, and that death occurred at <u>12:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. M. Dancy M.D.</u>				23b. ADDRESS <u>Hamilton, Mo.</u>		23c. DATE SIGNED <u>10/31/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 31, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Hamilton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 31, 1949</u>		REGISTRAR'S SIGNATURE <u>Gladys Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Turner</u>		ADDRESS <u>Home Hamilton Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

Mo.



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

P. J. Brown
Licensed Embalmer No. *3052*

P. O. Address *Hamilton, Me*

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.