

FILED DEC 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37818

BIRTH NO. _____		REG. DIST. NO. 174		PRIMARY REG. DIST. NO. 5644		Registrar's No. 79	
1. PLACE OF DEATH a. COUNTY LAFAYETTE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LAFAYETTE			
b. CITY (If outside corporate limits, write RURAL and give township) LEXINGTON		c. LENGTH OF STAY (If in place) 50 days		c. CITY (If outside corporate limits, write RURAL and give township) LEXINGTON			
d. FULL NAME OF HOSPITAL OR INSTITUTION RURAL 1				d. STREET ADDRESS (If rural, give location) RURAL 3			
3. NAME OF DECEASED (Type or Print) a. (First) Emily b. (Middle) FRICK c. (Last) MUENCH			4. DATE OF DEATH (Month) (Day) (Year) Nov. 6 1949				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT 29, 1890	
9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) WASHINGTON, MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Adolph FRICK		13b. MOTHER'S MAIDEN NAME ALVENA UITT		14. NAME OF HUSBAND OR WIFE Rudolph Muehler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rudolph Muehler LEX, MO			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4201
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)		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 Sept 1948 to Nov 6, 1949; that I last saw the deceased alive on Nov 6, 1949, and that death occurred at 10:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE R. J. [Signature] (Degree or title)				23b. ADDRESS [Address]		23c. DATE SIGNED 11/7/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/8/49		24c. NAME OF CEMETERY OR CREMATORY, MACH PELAH		24d. LOCATION (City, town, or county) (State) LEXINGTON, MO	
DATE REC'D BY LOCAL REG. 11/9/49		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FORBES F. TEMPLE LEX, MO			

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

RECEIVED DEC 1

District Health Officer No. _____

District File Number _____

Date Filed 12-1-49

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed *Geo. McKean*

Signed _____
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address *Levington, Tex*

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.