No. 300
10-48

FILED JAN 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

635

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 3-76 PRIMARY REG. DIST. NO. 5302 Registrar's No. I

260
/

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

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Twnshp-Rural*
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.R.#2, Jefferson City, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Clark Twnshp 0260
d. STREET ADDRESS (If rural, give location): R.R.#2, Jefferson City, Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Frederick
b. (Middle): George
c. (Last): Mueller

4. DATE OF DEATH (Month) (Day) (Year): Jan 8 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: Nov-5-1893
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Hickory Hill, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Mueller
13b. MOTHER'S MAIDEN NAME: Henrietta Langerhans
14. NAME OF HUSBAND OR WIFE: Marie Mueller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War #1
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Marie Mueller, Jefferson City, Missoi

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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4201

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Deed when arrived, *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 2:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. T. Leslie M.D. Coroner
23b. ADDRESS: Jeff City Mo
23c. DATE SIGNED: 1-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 10, 1951
24c. NAME OF CEMETERY OR CREMATORY: Evangelical Cemetery
24d. LOCATION (City, town, or county) (State): Brazito, Missouri

DATE REC'D BY LOCAL REG.: Jan 9-1951
REGISTRAR'S SIGNATURE: Mrs. T. L. Olivier 67
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Rocky J. Gordon Jefferson City, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-15-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 1-15-51

US MAR 28 1950

JAN 17 1951

JAN 19 1951

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 Lester V. Benevolf Jr.

Signed
Student Embalmer

Licensed Embalmer No. 4712

P. O. Address J. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.