S. No. 300
v. 10.48

FILED SEP 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27389

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 399

1. PLACE OF DEATH
a. COUNTY Jasper 0485
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin
c. LENGTH OF STAY (In this place) 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Freeman

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin 0495
d. STREET ADDRESS (If rural, give location) 702 N. Moffet 0

3. NAME OF DECEASED (Type or Print)
a. (First) Felix b. (Middle) Elliott c. (Last) Mueller

4. DATE OF DEATH (Month) Aug. (Day) 28 (Year) 1951

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /
8. DATE OF BIRTH Sept. 21, 1895
9. AGE (In years last birthday) 55 — 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) C. P. A.
10b. KIND OF BUSINESS OR INDUSTRY Accountant
11. BIRTHPLACE (State or foreign country) Bonxville, N. J. /
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Herman H. Mueller
13b. MOTHER'S MAIDEN NAME Fanny Rockwell
14. NAME OF HUSBAND OR WIFE Helen Mueller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Helen Mueller **ADDRESS** 702 N. Moffet

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) Rheumatic heart disease — INTERVAL BETWEEN ONSET AND DEATH 7 40 pst

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. Rt Bundle branch block

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 416 X
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* 5-10, 1949 *to* 8-28 1951, *that I last saw the deceased alive on* 8-28, 1951 *and that death occurred at* 1:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) E. H. Hamilton, MD
23b. ADDRESS E. H. HAMILTON, M. D. Frisco Bldg., Mo.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-31-51
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope
24d. LOCATION (City, town, or county) (State) Webb City, Missouri

DATE REC'D BY LOCAL REG. 9-1-51
REGISTRAR'S SIGNATURE Ed D. James 138 by Dolores Lampkins DR
25. FUNERAL DIRECTOR'S SIGNATURE Steve Parker Mortuary, **ADDRESS** Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-4-51
Jasper County Health Office
County File Number 51/8/695
Date Filed 9-4-51

OCT 18 1951

OCT 12 1951

SEP 10 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 .....,

working under my personal supervision.

Student Embalmer No. .....

Signed F. M. Jones

Signed .....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.