

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40966**

FILED JAN 9 1952

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY CHARITON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CHARITON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRUNSWICK		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRUNSWICK 0210	
c. LENGTH OF STAY (If in hospital or institution) 10 YEARS		d. STREET ADDRESS (If rural, give location) Home	

3. NAME OF DECEASED (Type or Print)	a. (First) ULYSSES	b. (Middle) A. MIHLHAUSER	c. (Last) MIHLHAUSER	4. DATE OF DEATH (Month) (Day) (Year) 12-15-1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2-20-1871	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER RETIRED.	BREWERY	ILLINOIS	USA

13a. FATHER'S NAME NICHOLAS MIHLHAUSER	13b. MOTHER'S MAIDEN NAME ELIZABETH JONES	14. NAME OF HUSBAND OR WIFE HENRIETTA MIHLHAUSER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME MRS U.A. MIHLHAUSER	ADDRESS BRUNSWICK MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cataractal Jaundice		INTERVAL BETWEEN ONSET AND DEATH 2 weeks.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 444X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Dec 1 1951**, to **Dec 15 1951**, that I last saw the deceased alive on **Dec 15 1951**, and that death occurred at **3:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Brumswick, Mo	23c. DATE SIGNED Dec. 17. 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-17-1951	24c. NAME OF CEMETERY OR CREMATORY ELLOTT GROVE	24d. LOCATION (City, town, or county) (State) BRUNSWICK MO.
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DATE REC'D BY LOCAL REG. 12-17-51	REGISTRAR'S SIGNATURE [Signature]	56	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Brumswick
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 L. M. Haissel

Licensed Embalmer No. 822

P. O. Address Brunswick, N.C.

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.