

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **42510**

BIRTH NO. _____ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **4410** Registrar's No. **71**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY OR TOWN St. James, Mo		c. CITY OR TOWN St. James, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Martha	b. (Middle) Elizabeth	c. (Last) Muller	4. DATE OF DEATH (Month) (Day) (Year) Dec 21 1951
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5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 13 1873	9. AGE (In years last birthday) (If under 1 year, Months) (If under 12 hrs., Days) (Hours) (Min.) 78 3 8
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework-Home	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Missouri U.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME W. A. Luther	13b. MOTHER'S MAIDEN NAME Ann	14. NAME OF HUSBAND OR WIFE G. A. Miller
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. *****	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace Muller, St. James, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalomalacia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Cerebral arteriosclerosis DUE TO (c) Generalized arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Grade I Coronary Arteriosclerosis			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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 334X
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22. I hereby certify that I attended the deceased from **Nov. 3, 1951**, to **Dec. 21, 1951**, that I last saw the deceased alive on **Dec. 21, 1951**, and that death occurred at **2:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James P. Butts M.D.	23b. ADDRESS St. James, Mo	23c. DATE SIGNED 12/31/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-23-51	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) St. James, Missouri
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DATE REC'D BY LOCAL REG. Dec-31-51	REGISTRAR'S SIGNATURE Cora E. Birmingham	25. FUNERAL DIRECTOR'S SIGNATURE C. Jesse Galt	ADDRESS St. James, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

0810
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RECEIVED
Phelps County Health Officer,
County File Number _____
Date Filed 1-4-52

JUL 20 1953

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

C. Jesse Gahr

Signed.....
Student Embalmer

Licensed Embalmer No. 4486

P. O. Address St. James, Missouri

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.