

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **497**

BIRTH NO. **723-52** REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **15**

01640

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

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Salem</b>	
c. LENGTH OF STAY (in this place) <b>1 day</b>		0719	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Osteopathic Hospital</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Keith</b> b. (Middle) <b>R.</b> c. (Last) <b>Mueller</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 8 1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>Jan. 8 1952</b>		9. AGE (In years last birthday) <b>-</b>		IF UNDER 1 YEAR: Months <b>-</b> Days <b>-</b> Hours <b>-</b> Min. <b>30</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Inf</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>Cape Girardeau Mo.</b>
					12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>

13a. FATHER'S NAME <b>Reinhold Mueller</b>		13b. MOTHER'S MAIDEN NAME <b>Delfie Mahnken</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Reinhold Mueller</b> ADDRESS <b>Menfro Mo. R.1</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary Failure &amp; Subarachnoid Hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral anoxia &amp; Fetal Distress</b> DUE TO (c) <b>Posterior Oxygent Presentation with Prolonged Labor</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7600</b>				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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 **Jan 8, 1952**, to **Jan 8, 1952**, that I last saw the deceased alive on **Jan 8, 1952**, and that death occurred at **2:22 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. M. Newell</b> (Degree or title)		23b. ADDRESS <b>28 S. Sp... Cape Girardeau</b>		23c. DATE SIGNED <b>Jan 11 1952</b>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 9 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Farrar Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>1-11-1952</b>		REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Young &amp; Sons Perryville Mo</b> ADDRESS	
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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 \_\_\_\_\_

*This Body was not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. *2538*

P. O. Address *Perryville Ma*

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.

*Witnessed & sealed as follows*