

5. No. 300  
V. 10.48

FILED MAR 11 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3955

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

BIRTH NO. _____		REG. DIST. NO. 31		PRIMARY REG. DIST. NO. 5107		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY <b>Benton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Benton</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>White Township</b> )		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>White Township</b>		0080	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ionia</b>				d. STREET ADDRESS (If rural, give location) <b>Ionia</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Stella</b>		b. (Middle) <b>Maria</b>		c. (Last) <b>Amelia Mueller</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 3rd 1952</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 11th 1891</b>	
9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR <b>5</b> Months <b>22</b> Days		IF UNDER 24 HRS. _____ Hours _____ Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Edward Meuske</b>			13b. MOTHER'S MAIDEN NAME <b>Helen Loxen</b>			14. NAME OF HUSBAND OR WIFE <b>Louis Mueller</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Louis Mueller</b>		ADDRESS <b>Ionia Missouri</b>	
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) <b>Bronchial Pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute nephritis</b> DUE TO (c) <b>Atrophic Lateral Sclerosis</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	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>3561</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 <b>Jan 2</b> , 1952, to <b>3-3</b> , 1952, that I last saw the deceased alive on <b>3-3</b> , 1952, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>A. W. Inouland</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>Cole Camp, Mo.</b>		23c. DATE SIGNED <b>3-5-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Mar 6th 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St John's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>5 Miles North west Cole Camp</b>	
DATE REC'D BY LOCAL REG. <b>Mar 5, 1952</b>		REGISTRAR'S SIGNATURE <b>E. K. Eickhoff</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. K. Eickhoff</b>		ADDRESS <b>Cole Camp Mo</b>	

**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 E. Eickhoff .....

Licensed Embalmer No. 730 .....

P. O. Address Cole Camp 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.