

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4412

State File No. _____

FILED FEB 18 1952

BIRTH NO. _____ REG. DIST. NO. 774 PRIMARY REG. DIST. NO. 3016 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>META</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Chas. E. Still Osteo. Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) _____ c. (Last) <u>MUELLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 9 1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MAY 15, 1881</u>	9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR: Months <u>8</u> Days <u>25</u> IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>BABBTOWN, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>FREDERICK MUELLER</u>	13b. MOTHER'S MAIDEN NAME <u>GASINA HARMON</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WILLIAM MUELLER BABBTOWN, MO,</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Spinal Cord</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tetanus</u> DUE TO (c) <u>Burn on left foot</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>FEB. 7 '52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Gangrenous Left Leg</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Suicide Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Babbtown, Mo. Osage Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 21 1952 12 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Unknown</u>
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22. I hereby certify that I attended the deceased from Feb. 2, 1952, to Feb. 9, 1952, that I last saw the deceased alive on Feb. 9, 1952, and that death occurred at 10.55 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. C. Michael D.O.</u>	23b. ADDRESS <u>Jefferson City, Missouri</u>	23c. DATE SIGNED <u>Feb. 9-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>& B</u>	24b. DATE <u>Feb. 12, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Babbtown, Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Babbtown, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb 9-1952</u>	REGISTRAR'S SIGNATURE <u>R. P. Davis M.D. - M.P. 8</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman H. Strop Meta, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

2264
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✓
✓
✓
✓
✓

MAR 10 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed.....
Student Embalmer

✓ Signed *Herman H. Strop*

Licensed Embalmer No. *2924*

P. O. Address *Meta 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.