No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5332

BIRTH NO. FILED MAR 4 1954 REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4271 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Lafayette,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alma,
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alma, 0540
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Elizabeth
c. (Last): Mueller

4. DATE OF DEATH (Month) (Day) (Year): 2 16 1954.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 4/23/1876
9. AGE (In years last birthday): 77 — If under 1 year: Months 9, Days 23; If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Hestingen, Amt Zeven Hanover, Germany
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Jacob Mueller
13b. MOTHER'S MAIDEN NAME: Sophia Mueller
14. NAME OF HUSBAND OR WIFE: Henry Kalthoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ida Kiehl
ADDRESS: Alma, Missouri

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) Acute bronchitis — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterial hypertension — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac-vascular-renal disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 7845
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 6, 1946, *to* Feb 16, 1954, *that I last saw the deceased alive on* Feb 16, 1954, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Douglas Kelling
(Degree or title): M.D.
23b. ADDRESS: Waverly Mo
23c. DATE SIGNED: 2-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 19, 1954
24c. NAME OF CEMETERY OR CREMATORY: Trinity Lutheran
24d. LOCATION (City, town, or county) (State): Alma, Lafayette, Missouri

DATE REC'D BY LOCAL REG.: Feb. 18-1954
REGISTRAR'S SIGNATURE: Clayton N. Landrum
25. FUNERAL DIRECTOR'S SIGNATURE: Alfred H. Brewer
ADDRESS: Alma, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred H. Bremer

Licensed Embalmer No. 2696

P. O. Address Alma, 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.