0.300
0.48

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24152

State File No.

BIRTH NO. REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Appleton City
c. LENGTH OF STAY (in this place) 28 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ellett Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Schell City
d. STREET ADDRESS (If rural, give location) 1080

3. NAME OF DECEASED (Type or Print)
a. (First) WALTER
b. (Middle) L.
c. (Last) Muehmore

4. DATE OF DEATH (Month) Aug (Day) 4 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 28, 1883
9. AGE (In years last birthday) 71 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY Hatchery
11. BIRTHPLACE (State or foreign country) Muncie, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Samuel Steven Muehmore
13b. MOTHER'S MAIDEN NAME Lillian Frances Brookfield
14. NAME OF HUSBAND OR WIFE Edna Cooper Muehmore
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. none
17. INFORMANT'S SIGNATURE OR NAME Edna Muehmore ADDRESS Schell City Mo.

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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

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

DUE TO (b) Generalized arteriosclerosis — yrs

DUE TO (c) Diabetes Mellitus — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic Gangrene left foot

19a. DATE OF OPERATION Aug 4, 54
19b. MAJOR FINDINGS OF OPERATION amputation mid thigh of leg. 260X
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* May 3, 1954, *to* August 4, 1954, *that I last saw the deceased alive on* August 4, 1954 *and that death occurred at* 1 o'clock p m., *from the causes and on the date stated above.*

23a. SIGNATURE R. A. Shickman (Degree or title) MD
23b. ADDRESS Appleton City Mo.
23c. DATE SIGNED Aug 4

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/6/54
24c. NAME OF CEMETERY OR CREMATORY Appleton City Cemetery
24d. LOCATION (City, town, or county) Appleton City, (State) Mo.

DATE REC'D BY LOCAL REG. Aug 4, 54
REGISTRAR'S SIGNATURE Cleo Abney
285
25. FUNERAL DIRECTOR'S SIGNATURE Lewis & Son ADDRESS Schell City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Marion M. Lewis

Signed.....
Student Embalmer

Licensed Embalmer No. 3084

P. O. Address Schell City, 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.