

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 5 - 1956

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

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>4193</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hermann</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Hermann</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>037/0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Caroline</u>		b. (Middle) <u>Mueller</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>March 21, 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 5, 1867</u>	
9. AGE (In years last birthday) <u>89</u>		F UNDER 1 YEAR Months <u>1</u>		DAYS <u>16</u>		F UNDER 2 HRS. Hours <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Hermann, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Schwartz</u>		13b. MOTHER'S MAIDEN NAME <u>Christine Kaiser</u>		14. NAME OF HUSBAND OR WIFE <u>Xavier Mueller</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edw. Mueller Sr. Hermann, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF OVARY</u>		ANTECEDENT CAUSES <u>BIBDOMINAL CARCINOMATOSIS</u>				<u>2 YRS.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____				DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>175X</u>					
19a. DATE OF OPERATION <u>3-10-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA of OVARY c METASTASES</u>				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) _____		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 <u>3-4, 1954</u> , to <u>3-21, 1956</u> , that I last saw the deceased alive on <u>3-20, 1956</u> , and that death occurred at <u>10 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George M. Workman M.D.</u>				23b. ADDRESS <u>HERMANN, MO</u>		23c. DATE SIGNED <u>3-22-56</u>	
24a. BURIAL / CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 23, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hermann, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/22/56</u>		REGISTRAR'S SIGNATURE <u>Delma Gerken</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edmer R. Rudolph</u>		ADDRESS <u>Hermann Mo.</u>	

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.....
Signature of Student Embalmer

Signed *Elmer Redign*

Licensed Embalmer No. 2044

P. O. Address Hermann,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.