FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17232

BIRTH NO. 32172-56 REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY: PERRY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PERRYVILLE
c. LENGTH OF STAY (In this place): 2 1/2 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PERRY CO. MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PERRY 0791
c. CITY OR TOWN: PERRYVILLE
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ANN
c. (Last): MUELLER

4. DATE OF DEATH (Month) (Day) (Year): APRIL 22 1956

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: APRIL 22 1956
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 2 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): PERRYVILLE MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: RICHARD MUELLER
13b. MOTHER'S MAIDEN NAME: RITA KOLLER
14. NAME OF HUSBAND OR WIFE:

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.:
17. INFORMANT'S SIGNATURE OR NAME: Richard Mueller Ste. Genevieve Mo
ADDRESS: RR#2

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) Prematurity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 77 6X
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* APRIL 22 *19*56, *to* APRIL 23, *19*56, *that I last saw the deceased alive on* APRIL 22, *19*56, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph F Lutkemeyer MD
23b. ADDRESS: St. Mary Mo.
23c. DATE SIGNED: 4-23-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: APRIL 23 1956
24c. NAME OF CEMETERY OR CREMATORY: ST PHILOMENA Cem
24d. LOCATION (City, town, or county) (State): BLOOMSDALE MO

DATE REC'D BY LOCAL REG.: 4-24-56
REGISTRAR'S SIGNATURE: Jos J Zellner
25. FUNERAL DIRECTOR'S SIGNATURE: Leo C. Basler Ste. Genevieve Mo
ADDRESS:

(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 em NOT
by me, or by ....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leo C. Basler

Licensed Embalmer No. 19

P. O. Address Ste. Genev

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.