

THE DIVISION OF HEALTH OF MISSOURI  
**FILED FEB 26 1957 STANDARD CERTIFICATE OF DEATH**

4103

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>71</u>	
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>COLE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u>		c. LENGTH OF STAY (In this place) <u>3 DAYS</u>		c. CITY OR TOWN <u>JEFFERSON CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHARLES F. STILL OSTEOP. HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>ROUTE # 2</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LOUISE</u>		b. (Middle) <u>DORA</u>		c. (Last) <u>HOGG</u>	
4. DATE OF DEATH		(Month) <u>FEB.</u>		(Day) <u>21</u>		(Year) <u>1957</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 5, 1884</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done 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>JEFFERSON CITY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>WILLIAM AMMER MUELLER</u>		13b. MOTHER'S MAIDEN NAME <u>MUELLER &amp; Rowe</u> (NOT Related)		14. NAME OF HUSBAND OR WIFE <u>Lois HOGG</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Ray B. Hogg, R2 - Mo.</u>			
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) <u>Myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Complete heart block</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Jr. R. Hip - 9020</u>					
19a. DATE OF OPERATION <u>2/20/57</u>		19b. MAJOR FINDINGS OF OPERATION <u>*PINNING OF HIP*</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident In Home</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson City Cole MO</u>		21d. HOW DID INJURY OCCUR? <u>Fell from bed -</u>	
21d. TIME OF INJURY <u>Feb-18-1957 7 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>2/18, 1957</u> to <u>2/21, 1957</u> , that I last saw the deceased alive on <u>2/21/57, 19</u> , and that death occurred at <u>10:20 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. A. Michael</u>		(Degree or title) <u>DO</u>		23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>2/21/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-25-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tranquilline Cem. Braxton Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>23 Feb 1957</u>		REGISTRAR'S SIGNATURE <u>R.P. Norris MD - MR.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>			

OCT 29 1962

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 *[Handwritten Signature]*

Licensed Embalmer No. *2307*

P. O. Address *Russell*

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. *10-12-62*