

FILED JUN 10 1957

## STANDARD CERTIFICATE OF DEATH

16667

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 146

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>FRANKLIN</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WASHINGTON</u>		c. CITY OR TOWN <u>HERMANN</u>		d. STREET ADDRESS (If outside, give location) <u>W 6th ST.</u>	
a. COUNTY <u>FRANKLIN</u>		b. COUNTY <u>OSAGE</u>		a. STATE <u>MO</u>		b. COUNTY <u>OSAGE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WASHINGTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>HERMANN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSP.</u>		Length of stay in 1b <u>1 DAY</u>		d. STREET ADDRESS (If outside, give location) <u>W 6th ST.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>HENRY</u>		Middle <u>LEO</u>		Last <u>MUELLER</u>		Month <u>6</u> Day <u>1</u> Year <u>1957</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>11-28-1892</u>	
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of working done during most of working life, even if retired) <u>LABORER</u>		100. KIND OF BUSINESS OR INDUSTRY <u>MO. POWER + LIGHT</u>		11. BIRTHPLACE (City and state or country) <u>HERMANN</u>	
10a. USUAL OCCUPATION (Give kind of working done during most of working life, even if retired) <u>LABORER</u>		100. KIND OF BUSINESS OR INDUSTRY <u>MO. POWER + LIGHT</u>		11. BIRTHPLACE (City and state or country) <u>HERMANN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JOHN MUELLER</u>				14. MOTHER'S MAIDEN NAME <u>MARY ANN JORDAN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>498-03-0780</u>		17. INFORMANT <u>MRS. PAUL FAERBER</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CHOLEMIA</u>						<u>3 DAYS</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>CIRRHOSIS OF LIVER</u>	
DUE TO (c)						<u>10 YRS</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>5:45 P.</u> a. m. <u></u> p. m. <u></u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>HERMANN, MO</u>	
21. I attended the deceased from <u>1958</u> to <u>6-1-57</u> and last saw <sup>her</sup> <u>him</u> alive on <u>6-1-57</u>		Death occurred at <u>5:45 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>George M. Workman M.D.</u>				22b. ADDRESS <u>HERMANN, MO</u>		22c. DATE SIGNED <u>6-3-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>6-4-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST. GEORGE</u>		23d. LOCATION (City, town, or county) (State) <u>HERMANN MO</u>	
24. FUNERAL DIRECTOR <u>Henry H. Blum</u>		ADDRESS <u>Hermann MO</u>		25. DATE RECD. BY LOCAL REG. <u>6/3/57</u>		26. REGISTRAR'S SIGNATURE <u>FR J. Workman</u>	

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

99-1)

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Chas. M. Pope*.....

Licensed Embalmer No. *258*

P. O. Address *Hermann*

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.