

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 15 1958

22244-58  
58-008764  
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 300 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <b>Bates</b>			2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Butler</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Butler</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If not in Missouri location) HOSPITAL OR INSTITUTION <b>Butler Hospital</b>		Length of stay in 1b <b>2 days</b>	d. STREET ADDRESS <b>Butler Hospital</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>ALAN KEITH MUELLER</b>			4. DATE OF DEATH Month <b>Mar</b> Day <b>31</b> Year <b>1958</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar 29 1958</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <b>2</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Butler Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Leland Mueller</b>			14. MOTHER'S MAIDEN NAME <b>LaRanell Johnson</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>Leland Mueller-Butler Missouri</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory failure - cerebral in origin</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>12 hr.</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH <b>12 hr.</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>None</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____ <b>None</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <b>None</b>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		20f. CITY, TOWN, OR LOCATION <b>Butler Missouri</b>		20g. COUNTY <b>Butler</b>	
21. I attended the deceased from <b>3/29/58</b> to <b>3/31/58</b> and last saw him alive on <b>3/31/58</b> . Death occurred at <b>10:50 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Donald A. Culver</b>			22b. ADDRESS <b>Butler Missouri</b>		22c. DATE SIGNED <b>3/31/58</b>
23a. BURIAL, CREMATION, REMOVAL, SPECIFY <b>Burial</b>		23b. DATE <b>4/2/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Breckenridge Mo</b>		23d. LOCATION (City, town, or county) (State) <b>Breckenridge Mo</b>
24. FUNERAL DIRECTOR <b>Culver Underwood</b>		ADDRESS <b>Butler Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Apr 11 - 1958</b>	26. REGISTRAR'S SIGNATURE <b>Randall Kury</b>

(Licensed Embalmer's Statement on Reverse Side)

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 Use only black ink or ribbon typewrite if possible.  
 Coroner certifies to a death due to natural causes.  
 diseases in Part I must be casually related. Coroner certifies to a death due to natural causes.  
 Doctor, coroner, etc. must use only standard terminology.

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 *Robert J. Steinbeck*

Licensed Embalmer No. *46*

P. O. Address *Butler*

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.