

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013373

STATE FILE NUMBER 449

FILED MAY 5 1958

Registration District No. 42 Primary Registration District No. _____ Registrar's No. 449

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1. PLACE OF DEATH a. COUNTY Euchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Euchanan <i>011D</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Joseph	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION R# 1. St. Joseph, Mo.	Length of stay in lb Lifetime	d. STREET ADDRESS R# 1. (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Frederick Middle George Last Mueller			4. DATE OF DEATH Month April Day 24 Year 1958.		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 10, 1882	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Dairyman	10b. KIND OF BUSINESS OR INDUSTRY Dairy	11. BIRTHPLACE (City and state or country) St. Joseph, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John George Mueller	13b. MOTHER'S MAIDEN NAME Rosa Hofer	14. NAME OF HUSBAND OR WIFE Frankie Ann Mueller
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 489-38-3365A	17. INFORMANT G. R. Omo	Address R#1 St. Joseph, Mo.
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18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolus		INTERVAL BETWEEN ONSET AND DEATH 3 hrs
DUE TO (b) Myocardial degeneration		
DUE TO (c) _____		4222
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"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <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 COUNTY _____ STATE _____
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21. I attended the deceased from _____, to 1958 and last saw ^{her} him alive on 4.24.58 Death occurred at 4:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE [Signature] (Degree or title)	22b. ADDRESS M. O. O Joseph Mo	22c. DATE SIGNED 4.26.58.
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 26, 1958.	23c. NAME OF CEMETERY OR CREMATORY Memorial Park CEMETERY	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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24. FUNERAL DIRECTOR Meierhoffer - Fleman & Co. ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. April 26, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Handell
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Albert E. Harrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo.

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.