Health, Welfare Public Service

300
1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026069
STATE FILE NUMBER

FILED AUG 13 1958 Registration District No. 160 Primary Registration District No. 559V Registrar's No. 110

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim Twp. Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jefferson Memorial Hosp Length of stay in 1b 7 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jefferson
c. CITY OR TOWN Festus 0502 Inside Limits Yes X No ☐
d. STREET ADDRESS 117 N. Third St. (If outside, give location) Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Joseph Middle Charles Last Muellersman
4. DATE OF DEATH Month July Day 25 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 11, 1889
9. AGE (In years last birthday) 69
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesaler (Retired)
10b. KIND OF BUSINESS OR INDUSTRY Beverages
11. BIRTHPLACE (City and state or country) Fredericktown, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Muellersman
14. MOTHER'S MAIDEN NAME Anna Sauer
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. 497-09-2336
17. INFORMANT Mrs. Gladys Muellersman, 117 N. 3rd, Address Festus, Mo

MEDICAL CERTIFICATION

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) Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Nephrosclerosis
DUE TO (c) Generalized arteriosclerosis 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Coronary disease, Gout, chronic, severe. Duodenal ulcer
19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) —
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 17, 58, to July 25, 58 and last saw her him alive on July 25, 58
Death occurred at 6:15 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bustalan Bolgar, M (Degree or title)
22b. ADDRESS Festus, Mo
22c. DATE SIGNED 7/26/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 29, 1958
23c. NAME OF CEMETERY OR CREMATORY Catholic
23d. LOCATION (City, town, or county) (State) Festus-Crystal City, Mo.

24. FUNERAL DIRECTOR Vinyard Fun'l Homes, Inc., ADDRESS Festus, Mo.
25. DATE RECD. BY LOCAL REG. 7-26-58
26. REGISTRAR'S SIGNATURE Lucie A. Rigdon

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

5020

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 4 1959

AUG 14 1959

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.....

Licensed Embalmer No. 49

P. O. Address Festus

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