

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 27 1960 114

-60-026424
STATE FILE NUMBER

Registration District No. 114 Primary Registration District No. 4-186 Registrar's No. 24

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	FRANKLIN	a. STATE	b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	MERAMEC	MISSOURI	FRANKLIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	LESLIE, R.R. 2	c. CITY OR TOWN	SULLIVAN
Length of stay in 1b	2 mos.	d. STREET ADDRESS	R.R. 2
Inside Limits	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(If outside, give location)	
Reside on Farm	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
MINNIE	CAROLINE	MUELLER	JULY	17
Year	1960			
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)
FEMALE	WHITE		SEPT. 30 1882	77
IF UNDER 1 YEAR		IF UNDER 24 HR		
Months	Days	Hours	Min.	
9	17			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
HOUSEWIFE		SULLIVAN R.R.I. Mo.	U.S.A.
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE	
HENRY JOHN MUELLER	MARTHA SPANKNOOLE	HENRY A. MUELLER	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
NO	NONE	HERBERT MUELLER	LESLIE, R.R. 2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)	Coronary Thrombosis		2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)		
	Arteriosclerosis		
	DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days.
Demeritoides	<input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown

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.)
20c. TIME OF INJURY	Hour	Month, Day, Year
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
		COUNTY
		STATE

21. I attended the deceased from 1953 to July 19 1960 and last saw her alive on July 16 60
 Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
Robert Thompson M.D.	Sullivan Mo.	July 18 60

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
BURIAL	JULY 20, 1960	HOLY MARTYRS CHURCH CEM.	SULLIVAN, R.R.I. Mo

24. FUNERAL DIRECTOR	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
H.M. EATON	2/19/60	T. A. Humphrey Per H. Eaton Deputy

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS AUG 17 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hamilton J. Eston

Licensed Embalmer No. 5060

P. O. Address Sullivan

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to do so 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.