

FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027493

FILED VS JUL 20 1960

172

Registration District No. Primary Registration District No. 4272 Registrar's No. 66

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WAVERLY</u>		Length of stay in 1b <u>7 DAYS</u>		c. CITY OR TOWN <u>WAVERLY</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WELLING CLINIC</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4 1/2 MI. S.E. OF WAVERLY</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>BELL</u> Last <u>MUELLER</u>				4. DATE OF DEATH Month <u>July</u> Day <u>15</u> Year <u>1960</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>JULY 11, 1924</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>		11. BIRTHPLACE (City and state or country) <u>CHILLICOTHE, OHIO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>SAMUEL MORITZ</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET CALDWELL</u>			14. NAME OF HUSBAND OR WIFE <u>LOUIS MUELLER DECEASED</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>No</u>		17. INFORMANT <u>MARION W. MUELLER WAVERLY MO</u> Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>bronchial pneumonia terminal</u>							INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>cardio vascular disease due to arteriosclerosis</u>							<u>15 yrs. plus.</u>
DUE TO (c) _____							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 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 <u>1945</u> to <u>7/15/1960</u> and last saw her <u>live</u> on <u>7/15/60</u> Death occurred at <u>10:50 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Jordan Stelling M.D.</u> (Doctor or title)				22b. ADDRESS <u>Waverly, Missouri</u>		22c. DATE SIGNED <u>7/16/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7/18/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ODESSA CEMETERY</u>		23d. LOCATION (City, town, or county) <u>ODESSA</u>		23e. (State) <u>MO</u>	
24. FUNERAL DIRECTOR <u>E. L. James</u> ADDRESS <u>Concordia, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-16-1960</u>		26. REGISTRAR'S SIGNATURE <u>Lutie Jordan Jordan</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia

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.