

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023804

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 362  
 FILED JUL 11 1961

Primary Registration District No. 4531

Registrar's No. 26

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                      |                                                   |                                                                                                                                                          |                                                                                                                                                                      |                                                                                   |                                                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Warren</u>                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                      |                                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>Lincoln</u>                     |                                                                                                                                                                      |                                                                                   |                                                                              |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrenton</u>                                                                                                                                                                                                                                                                                                               |  | Length of stay in 1b <u>8 1/2 months</u>                                                                             |                                                   | c. CITY OR TOWN <u>Wright City</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>Katie Jane Memorial Home</u>                                                                                                                                                                                                                                                                                      |  |                                                                                                                      |                                                   | d. STREET ADDRESS (If outside, give location)                                                                                                            |                                                                                                                                                                      | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>           |                                                                              |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Frederick</u> Middle <u>H</u> Last <u>Mueller</u>                                                                                                                                                                                                                                                                                                |  |                                                                                                                      |                                                   | 4. DATE OF DEATH<br>Month <u>July</u> Day <u>3</u> Year <u>1961</u>                                                                                      |                                                                                                                                                                      |                                                                                   |                                                                              |  |
| 5. SEX <u>Male</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>9/25/81</u>                                                   |                                                                              |  |
| 9. AGE (last birthday) <u>79</u>                                                                                                                                                                                                                                                                                                                                                                 |  | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u>                                                                   |                                                   | IF UNDER 24 HR<br>Hours <u>  </u> Min. <u>  </u>                                                                                                         |                                                                                                                                                                      |                                                                                   |                                                                              |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>                                                                                                                                                                                                                                                                                |  |                                                                                                                      | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u> |                                                                                                                                                          |                                                                                                                                                                      | 11. BIRTHPLACE (City and state or country) <u>Warren County, Mo</u>               |                                                                              |  |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                      | 13a. FATHER'S NAME <u>Fritz Mueller</u>           |                                                                                                                                                          | 13b. MOTHER'S MAIDEN NAME <u>Wilhelmine Sievert</u>                                                                                                                  |                                                                                   | 14. NAME OF HUSBAND OR WIFE <u>Wilhelmine Mueller</u> <i>Dead</i>            |  |
| 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>Melvin Mueller</u> Address <u>Wright City MO</u>                                                                                                    |                                                                                   |                                                                              |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Pneumonia, bilateral, hypostatic</u><br>DUE TO (b) <u>Generalized arteriosclerosis with arteriosclerotic heart disease</u><br>DUE TO (c) <u>Senile Dementia</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |                                                                                                                      |                                                   |                                                                                                                                                          |                                                                                                                                                                      |                                                                                   | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u><br><u>unknown</u><br><u>"</u> |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <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<br>Hour <u>  </u> Month, Day, Year <u>  </u>                                                                                                                                                                                                                                                                                                                                 |  | 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>10-13-60</u> to <u>7-3-61</u> and last saw <u>her</u> alive on <u>7-2-61</u>                                                                                                                                                                                                                                                                                 |  | Death occurred at <u>11:45 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |                                                   |                                                                                                                                                          |                                                                                                                                                                      |                                                                                   |                                                                              |  |
| 22a. SIGNATURE (Ink) <u>[Signature]</u>                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                      |                                                   | 22b. ADDRESS <u>Warrenton, Missouri</u>                                                                                                                  |                                                                                                                                                                      | 22c. DATE SIGNED <u>7-8-61</u>                                                    |                                                                              |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                                                                                                                                                                                          |  | 23b. DATE <u>7/5/61</u>                                                                                              |                                                   | 23c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cemetery</u>                                                                                           |                                                                                                                                                                      | 23d. LOCATION (City, town, or county) (State) <u>Wright City MO</u>               |                                                                              |  |
| 24. FUNERAL DIRECTOR <u>Nburg</u> ADDRESS <u>Nieburg Furn &amp; Und CO Wright City</u>                                                                                                                                                                                                                                                                                                           |  |                                                                                                                      | 25. DATE RECD. BY LOCAL REG. <u>7-8-61</u>        |                                                                                                                                                          | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u>                                                                                                                         |                                                                                   |                                                                              |  |

**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,  
of by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Julius J. Nieburg*

Licensed Embalmer No. 3366

P. O. Address Wright Ct.

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.