

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16048**
16048
2321

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. LENGTH OF STAY (in this place) 20 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		55	
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C. General Hospital No. 1				d. STREET ADDRESS (If rural, give location) 1909 East 36th St.			
3. NAME OF DECEASED (Type or Print) a. (First) Marvin		b. (Middle) CRIST		c. (Last) Mueller		4. DATE OF DEATH (Month) May (Day) 24th (Year) 1949	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH DEC-17-1903	
9. AGE (In years last birthday) 46 YEARS		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY LAND GODDARD CHEVROLET		11. BIRTHPLACE (State or foreign country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME FREDERICK MUELLER		13b. MOTHER'S MAIDEN NAME LENA SCHOENBERG		14. NAME OF HUSBAND OR WIFE MRS. LUCILLE MUELLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-07-0009		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. TED WALTHER 1909 EAST 36TH ST. KANSAS CITY, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive spontaneous subarachnoid intravascular cerebral hemorrhage with encephalomalacia and areas of interstitial cerebral hemorrhage.							
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) cerebral hemorrhage.							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 332X							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-24-1949 , to 5-24-1949 , that I last saw the deceased alive on 5-24-1949 , and that death occurred at 2:10 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Wm. W. Hart M.D. (Degree or title)				23b. ADDRESS Med. Dir. K.C. Gen. Hospital		23c. DATE SIGNED 5-25-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 27 1949		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 5-28-49		REGISTRAR'S SIGNATURE Seraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D. H. Newcomer 1331 BRUSH CREEK KANSAS CITY, MO.		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

DOYLE L. DANIEL

working under my personal supervision.

Student Embalmer No. 248

Signed..... Doyle L. Daniel
Student Embalmer

Signed..... Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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 this body is not embalmed, fact should be so stated above.