

FILED SEP 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30947
State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>4281</u>		Registrar's No. <u>83</u>	
1. PLACE OF DEATH a. COUNTY <u>Lewis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Canton</u>		c. LENGTH OF STAY (in this place) <u>5yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Canton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>508 Lewis</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>P.</u>		c. (Last) <u>Muehe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 11, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 23, 1867</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
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 _____		11. BIRTHPLACE (State or foreign country) <u>Quincy, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Muehe</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Clausing</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Best</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Anna Muehe, Canton, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
18. CAUSE OF DEATH (continued)		19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 <u>Aug.</u> , 19 <u>49</u> , to <u>SEPT. 11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>SEPT 11</u> , 19 <u>49</u> , and that death occurred at <u>1:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>P. St. Jennings M.D.</u> (Degree or title)				23b. ADDRESS _____		23c. DATE SIGNED <u>9-13-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 14, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Canton, Lewis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-13-49</u>		REGISTRAR'S SIGNATURE <u>P. St. Jennings M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul & Shirley Canton, Mo.</u>			

SEP 15 1948
RECEIVED
District Health Officer No. 1
District File Number 7-49-16
Date Filed SEP 15 1948

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed

Earl H. Dinkley

Signed.....
Student Embalmer

Licensed Embalmer No. 2675

P. O. Address *Canton, 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.