

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4123

State File No.

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 516

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>	
c. LENGTH OF STAY (In this place) <u>19 days</u>		8. DATE OF BIRTH <u>January 6, 1881</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cape Osteopathic Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>417 North Frederick Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SADIE</u> b. (Middle) <u>WOOD</u> c. (Last) <u>MUELLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 23, 1950</u>
---	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	9. AGE (In years last birthday) <u>69</u> # UNDER 1 YEAR Months <u>1</u> # UNDER 24 HRS. Days <u>17</u> Hours <u>17</u> Min.
----------------------	-------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Clay County, Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
--	-----------------------------------	---	---

13a. FATHER'S NAME <u>Joseph M. Wood</u>	13b. MOTHER'S MAIDEN NAME <u>Francis E. Lancaster</u>	14. NAME OF HUSBAND OR WIFE <u>Hugo L. Mueller</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry L. Mueller</u> ADDRESS <u>Urbana, Illinois</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary paralysis (Increased intracranial pressure)</u>		<u>2-5-50</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>massive cerebral hemorrhage</u> DUE TO (c) <u>arteriosclerosis and nephritis</u>		<u>2-23-50</u> (19 days)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>2/4/50</u>	

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 Jan 27, 1950, to Feb. 23, 1950, that I last saw the deceased alive on Feb 23, 1950, and that death occurred at 9:50 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. Marguerite Fuller D.O.</u>	23b. ADDRESS <u>Cape Girardeau, Cape</u>	23c. DATE SIGNED <u>2-24-50</u>
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 25, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>2-27-50</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	44	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter's Funeral Home - Cape Gir.</u> ADDRESS
---	--	----	---

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

FEB 27 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-279

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 *Virgil K. Kelch*

Licensed Embalmer No. *4102*

P. O. Address *Cape Scurden*

Signed _____
Student Embalmer

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.