

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36538

State File No.

FILED NOV 27 1951

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5150 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Hamilton Twp. Rural</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Hamilton Twp. Rural</u> (130)	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>2 1/2 M North of Hamilton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>H.</u> c. (Last) <u>Muller</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-5-1951</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-2-1867</u>	9. AGE (in years last birthday) <u>84</u>	IF UNDER 1 YEAR Month <u>3</u> Day <u>3</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Davies Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Jacob Muller</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Tuttle</u>	14. NAME OF HUSBAND OR WIFE <u>Lacy B. Muller</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Maude Cox Nettleton Mo</u> ADDRESS _____

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Cardiovascular Disease -</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Hamilton Caldwell MO.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 January 1948, to November 5, 1951, that I last saw the deceased alive on Nov. 5, 1951, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank R. Daley MD.</u> (Degree or title)	23b. ADDRESS <u>Hamilton Mo.</u>	23c. DATE SIGNED <u>11-6-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-7-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lick Fork</u>	24d. LOCATION (City, town, or county) (State) <u>Caldwell Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov 16-51</u>	REGISTRAR'S SIGNATURE <u>Gladys Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brown Funeral Home</u> ADDRESS <u>Hamilton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0130
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MAY 18 1952

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.

Student
Student Embalmer

Signed Morris Bram

Licensed Embalmer No. 3918

P. O. Address Hamilton, MA

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.