

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3011 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton 0171	
d. FULL NAME OF HOSPITAL OR INSTITUTION Staton Clinic		d. STREET ADDRESS (If rural, give location) 712 W. First	

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) c. (Last) Mueller			4. DATE OF DEATH (Month) (Day) (Year) 12/11/51		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH October ??, 1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab Driver		10b. KIND OF BUSINESS OR INDUSTRY Taxi		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME William Mueller		13b. MOTHER'S MAIDEN NAME ?? ?? Brummer		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME Harry Brockmeier	
				ADDRESS Carrollton	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Burns				
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: oil stove				
		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E9160 16				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Carrollton, Carroll Mo.
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 **12-11, 1951** to **12-11, 1951**, that I last saw the deceased alive on **12-11, 1951**, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. H. Staton, M.D.	23b. ADDRESS Carrollton, Mo.	23c. DATE SIGNED 12-11/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/14/51	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
		24d. LOCATION (City, town, or county) (State) Carrollton Mo.

DATE REC'D BY LOCAL REG. 12/14/51	REGISTRAR'S SIGNATURE Mr. Herbert Calvert	43	25. FUNERAL DIRECTOR'S SIGNATURE Marshall Fun. Co.	ADDRESS Carrollton
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(Licensed Embalmer's Statement on Reverse Side)

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

FILED DEC 31 1951

0171



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 R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.