

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **498**

FILED JAN 29 1952

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **31**

0164

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri Perry COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Salem Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) Hedwig b. (Middle) _____ c. (Last) Muench			4. DATE OF DEATH Jan. 15 1952
5. SEX Female	6. COLOR OR RACE "hite"	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 8 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, In birthday) 61 IF UNDER 1 YEAR Months _____ IF UNDER 1 YEAR Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) Perry Co Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Karl Buettner		13b. MOTHER'S MAIDEN NAME Johanna Ruetter	
14. NAME OF HUSBAND OR WIFE William Muench		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. one		17. INFORMANT'S SIGNATURE OR NAME William Muench ADDRESS Menfro Mo. R 1	
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) Congestive Heart Failure ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Bronchial Asthma & Pneumonia DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholelithiasis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 491X	
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) (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 Jan 11, 1952 , to Jan 15, 1952 , that I last saw the deceased alive on Jan 15, 1952 , and that death occurred at 1:10 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE S. M. Stevenson D.O. (Degree or title)		23b. ADDRESS Cape Girardeau Mo	
23c. DATE SIGNED 1-25-52		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE Jan. 17 1952		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemeter	
24d. LOCATION (City, town, or county) (State) Crosstown Mo		25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Perryville mo ADDRESS	
DATE REC'D BY LOCAL REG. 1-25-52		REGISTRAR'S SIGNATURE C. C. Summers 44-0	

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.