No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 21 1952

25065

State File No.

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Madison 0621
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fredericktown
c. LENGTH OF STAY (in this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 309 South Maple St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Madison 0621
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fredericktown 0
d. STREET ADDRESS (If rural, give location): 309 South Maple St.

3. NAME OF DECEASED (Type or Print)
a. (First): Francis
b. (Middle): Anthony
c. (Last): Mullersman

4. DATE OF DEATH (Month) (Day) (Year): July 11, 1952

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 5, 1885

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Knob Lick, Mo. 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Antone Mullersman

13b. MOTHER'S MAIDEN NAME: Catherine Hunald

14. NAME OF HUSBAND OR WIFE: Mary E. Mullersman

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.: 499-03-6905

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mary E. Mullersman, Fredericktown Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aneurysm arch of aorta (dissecting) — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — unknown.
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: 451 X

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 10, 1952, *to* July 11, 1952, *that I last saw the deceased alive on* July 11, 1952, *and that death occurred at* 10:30 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. W. Delzene D.O.

23b. ADDRESS: Fredericktown Mo.

23c. DATE SIGNED: 7-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-14-52

24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

24d. LOCATION (City, town, or county) (State): Fredericktown, Mo.

DATE REC'D BY LOCAL REG.: 7-14-52

REGISTRAR'S SIGNATURE: Florence Hicks

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Najim Funeral Home, Fredericktown Mo

(Licensed Embalmer's Statement on Reverse Side)

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
JUL 18 1952
RECEIVED
FILE No. 752-40

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 William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.