

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

25041

State File No. 3465  
Registrar's No.

FILED JUL 28 1953

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>                        |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> |  |
| b. CITY OR TOWN <b>KANSAS CITY</b>                                   |  | c. CITY OR TOWN <b>KANSAS CITY</b>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>10 YEARS</b>                    |  | e. STREET ADDRESS (If rural, give location) <b>3648 1219 EAST 41ST STREET</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1219 EAST 41ST STREET</b> |  |   |  |

|   |                               |  |             |  |  |   |                          |                          |                          |
|---|-------------------------------|--|-------------|--|--|---|--------------------------|--------------------------|--------------------------|
| 3. NAME OF DECEASED<br>(Type or Print) <b>ANNA</b>  |                               | a. (First)   | b. (Middle) | c. (Last) <b>MUELLER</b>   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>JULY 10, 1953</b> |   |                          |                          |                          |
| 5. SEX <b>FEMALE</b>  | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>WIDOWED</b> |             | 8. DATE OF BIRTH<br><b>OCT-1-1866</b>  | 9. AGE (In years last birthday)<br><b>86</b>                     | IF UNDER 1 YEAR<br>Months                     | IF UNDER 24 HRS.<br>Days | IF UNDER 2 HRS.<br>Hours | IF UNDER 15 MIN.<br>Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>AT HOME</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY  |             | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>SAXONY, GERMANY</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |                          |                          |                          |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME<br><b>WILLIAM JAHN</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>AMELIA UNKNOWN</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>WILLIAM C. P. MUELLER</b>      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b> |  | 16. SOCIAL SECURITY NO.<br><b>NONE</b>             |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>MRS. LYDIA SCHULTEIS</b> |  |
|   |  |  |  | ADDRESS<br><b>1219 EAST 41ST ST. KANSAS CITY, MO.</b>            |  |

|   |  |   |  |                                  |  |
|---|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |                                  |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                   |  | <b>420</b>                       |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION                                  |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>natural</b> |  | 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **6:00 A.M.**, from the causes and on the date stated above.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)                     |  | 23b. ADDRESS <b>1034 Pinalto Blvd</b>                        |  | 23c. DATE SIGNED <b>7-10-53</b>                                    |  |
| 24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>                    |  | 24b. DATE <b>JULY 12 1953</b>                                |  | 24c. NAME OF CEMETERY OR CREMATORY <b>EVANGELICAL REFORMED CEM</b> |  |
| 24d. LOCATION (City, town, or county) (State) <b>CALIFORNIA, MISSOURI</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>A.W. Newcomer's Sons</b> |  | ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>                   |  |
| DATE REC'D BY LOCAL REG. <b>7-11-53</b>                                   |  | REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>                 |  |  |  |

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

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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.....  
Signature of Student Embalmer

Signed *Basil Honey*.....

Licensed Embalmer No. *472*.....

P. O. Address *Jacksonland*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.