

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32375**

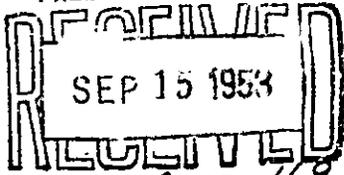
FILED SEP 16 1953

BIRTH NO.		REG. DIST. NO. <b>206</b>	PRIMARY REG. DIST. NO. <b>3042</b>	Registrar's No. <b>49</b>
1. PLACE OF DEATH a. COUNTY <b>Madison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Madison</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fredericktown</b>		c. LENGTH OF STAY (In this place) <b>80 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fredericktown</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>129 No. Mine La Motte</b>		d. STREET ADDRESS (If rural, give location) <b>129 No. Mine La Motte</b>		
3. NAME OF DECEASED a. (First) <b>Julia</b> b. (Middle) <b>Anna</b> c. (Last) <b>Muellersman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 7, 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 7, 1868</b>	9. AGE (In years last birthday) <b>85</b> # UNDER 1 YEAR <b>6</b> Months <b>0</b> Days # UNDER 1 HR. <b>0</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>St. Genevieve County</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>		13a. FATHER'S NAME <b>Joseph Sauer</b>		
13b. MOTHER'S MAIDEN NAME <b>Mary Louise Ponder</b>		14. NAME OF HUSBAND OR WIFE <b>John Muellersman</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Marie Buford</b> ADDRESS <b>Fredericktown, Mo.</b>
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.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Insufficiency</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pneumonia</b> DUE TO (c) <b>Marked senile changes</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio sclerosis etc.</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <b>410 X.</b>
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 <b>Sept 19</b> , to <b>Sept 7, 1953</b> , that I last saw the deceased alive on <b>Sept 7, 1953</b> , and that death occurred at <b>3:30 P.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>J. Slaughter, M.D.</b>		23b. ADDRESS <b>135 W. Main Fredericktown</b>		23c. DATE SIGNED <b>Sept 8 53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/10/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Madison County Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Najim Funeral Home Fredericktown, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>9-10-53</b>		REGISTRAR'S SIGNATURE <b>Therence Pickel</b>		187 <b>50</b>

(Licensed Embalmer's Statement on Reverse Side)

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

MADISON CO. HEALTH DEPT.  
FREDERICKTOWN, MO.



FILE No. 953-49

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Charles M. Lundy*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4852

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.