

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42431**

FILED JAN 4 1954

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 148

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cooper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u> | |
| c. LENGTH OF STAY (In this place) <u>1 Day</u> | | d. STREET ADDRESS (If rural, give location) <u>1000 Locust St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u> | | | |

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|---|-------------------------------|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Eduard</u> b. (Middle) <u>J</u> c. (Last) <u>Mueller</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24 1953</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept. 15 1899</u> |
| 9. AGE (In years last birthday) <u>54</u> | | 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) <u>Salesman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>General Store</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Boonville, Missouri</u> |
| | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Emil J. Mueller</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sallie Smith.</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Lucille Youree</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>353-05-8718</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. E. J. Mueller, Boonville, Mo.</u> | |

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|---|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous</u> | | ANTECEDENT CAUSES | | Interval <u>± 2 months</u> | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probable carcinoma of stomach</u> | | over <u>2 months</u> | |
| | | DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>151 X</u> | | 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) _____ 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 12-23-53, 1953, to 12-24-53, 1953, that I last saw the deceased alive on 12-24-53, 1953, and that death occurred at 9 30 m., from the causes and on the date stated above.

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|---|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>B. M. Stuart M.D.</u> | | 23b. ADDRESS <u>329 Main St., Boonville Mo</u> | | 23c. DATE SIGNED <u>12/26/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Dec. 27 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri.</u> | |
| DATE REC'D BY LOCAL REG. <u>12-27-53</u> | | REGISTRAR'S SIGNATURE <u>St. Hooper</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman & Boller, Boonville, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 17 1954

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 G. F. Keller

Licensed Embalmer No. 3067

P. O. Address Boonville, 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.