

FILED SEP 9 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26765

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4182 Registrar's No. 9

360

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Boeuf</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Boeuf</u> <u>0360</u>	
c. LENGTH OF STAY (in this place) <u>12 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>8 Miles South of Berger, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Otto Klophaus Residence</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>CAROLINE</u> c. (Last) <u>MUELLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-4-1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11-6-1869</u>
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Stonhill, Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Kousekeeping</u>	12. CITIZEN OF WHAT COUNTRY? <u>US.</u>

13a. FATHER'S NAME <u>Henry Rethemeyer</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Schaefer</u>	14. NAME OF HUSBAND OR WIFE <u>Phillip Mueller</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-12-7390</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ella Klophaus Berger</u>		ADDRESS <u>Mo</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u>		ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u>		5 yrs.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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	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) <u>4201</u>
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 Apr. 18, 1949, to Sept. 4, 1954, that I last saw the deceased alive on July 5, 1954, and that death occurred at 5:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>D. O.</u>	23b. ADDRESS <u>New Haven, Mo,</u>	23c. DATE SIGNED <u>9/5/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-6-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. James E&amp;R Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Stonhill, Mo</u>

DATE REC'D BY LOCAL REG. <u>9/6/54</u>	REGISTRAR'S SIGNATURE <u>Netta Murphy</u>	501	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Berger</u>	ADDRESS <u>Berger Mo</u>
---	--	-----	--	-----------------------------

**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.

Signed \_\_\_\_\_

*August P. Plummer*

Student .....  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

3160

P. O. Address \_\_\_\_\_

*Herrmann St*

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.