

FILED FEB 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4413

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 5418 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Holt</u> <u>Will</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bernie</u> <u>1030</u>	
c. LENGTH OF STAY (in this place) <u>1 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 mi SSW Malden AB, Missouri</u>			
3. NAME OF DECEASED a. (First) <u>Howard</u> b. (Middle) <u>Henry</u> c. (Last) <u>Mueller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 31 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 10, 1916</u>
9. AGE (In years last birthday) <u>38</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pilot</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Flt. Inst.</u>	12. CITIZEN OF WHAT COUNTRY? <u>United State</u>
13a. FATHER'S NAME <u>August Charles Mueller</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Etta Mitchell</u>	14. NAME OF HUSBAND OR WIFE <u>Helen L. Mueller</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War II</u>		16. SOCIAL SECURITY NO. <u>494105722</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. R. LOWELL, Anderson Air Activities</u>
MEDICAL CERTIFICATION			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured, compound, comminuted, frontal bone of skull with rupture of brain.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Injuries, multiple extreme</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>E860X</u> <u>37</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On farm near Malden, Mo.</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Malden 035 Dunklin Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 31 1955 1300</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Aircraft Accident</u>			
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 <u>1300p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Eugene L. Snowden</u> (Degree or title) <u>CAPT. USAF (MC) (FS)</u>		23b. ADDRESS <u>3305th USAF Dispensary Malden Air Base, Missouri</u>	
23c. DATE SIGNED <u>2 Feb 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 2, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-3-55</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Funeral Home, Dexter, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0350

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 2-14-55
COUNTY FILE NUMBER 2-55-35

FEB 25 1955

FEB 18 1955



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.....

Licensed Embalmer No.....

P. O. Address.....

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.