

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11123

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 480

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Washington Twp</u>		c. LENGTH OF STAY (In this place) <u>11 yrs</u>	c. CITY OR TOWN <u>St. Joseph</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R #1. Faraon St. Rd.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) <u>R #1 Faraon St. Rd.</u> 0110	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frankie</u> b. (Middle) <u>Ann</u> c. (Last) <u>Mueller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 9, 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 4, 1883</u>
9. AGE (In years last birthday) <u>72</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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hopkins, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>William Thompson</u>	13b. MOTHER'S MAIDEN NAME <u>Serepta Sawyer</u>	14. NAME OF HUSBAND OR WIFE <u>Frederick George 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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Frederick G. Mueller R#1 St. Joseph, Mo</u> ADDRESS _____

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>Coronary atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</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.		

19a. DATE OF OPERATION <u>0</u>	19b. MAJOR FINDINGS OF OPERATION <u>0</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) <u>St. Joseph, Buchanan, Mo</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 August 1933, to May 9, 1955, that I last saw the deceased alive on May 7, 1955, and that death occurred at 3:00A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Ryan M.D.</u> (Degree or title)	23b. ADDRESS <u>St. Joseph, Mo</u>	23c. DATE SIGNED <u>5.10.55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 11, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>May 12, 1955</u>	REGISTRAR'S SIGNATURE <u>Catharine M. Allen, 485</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhoffer Thomas</u> ADDRESS <u>St. Joseph, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 29 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
Signature of Student Embalmer

Signed *Robert B. Harrington*
Licensed Embalmer No. 3258

P. O. Address St. Joseph

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.