

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **11217**

FILED MAY 2 1955

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

BIRTH NO. _____		REG. DIST. NO. 50	PRIMARY REG. DIST. NO. 5179	Registrar's No. 11		
1. PLACE OF DEATH a. COUNTY CAMDEN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CAMDEN				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OSAGE BEACH		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OSAGE BEACH				
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0150				
3. NAME OF DECEASED (Type or Print) a. (First) EVELYN		b. (Middle) AGNES		c. (Last) MULL		
4. DATE OF DEATH (Month) (Day) (Year) APR. 25 1955						
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 7, 1897	9. AGE (In years last birthday) 58		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.						
13a. FATHER'S NAME Richard W. Bearlocher		13b. MOTHER'S MAIDEN NAME Matilda Hashagen		14. NAME OF HUSBAND OR WIFE Scott C. Hashagen		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-09-1193		17. INFORMANT'S SIGNATURE OR NAME Scott C. Mull - Osage Beach, Mo.		
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary infection ANTECEDENT CAUSES As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Bronchial Asthma DUE TO (c) Acute Bronchitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 April 24, 1955 , to April 26, 1955 , that I last saw the deceased alive on April 24, 1955 , and that death occurred at 11 A.M. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Dr. Ralph A. Meyer, M.D.		23b. ADDRESS Residence in Mo.		23c. DATE SIGNED April 26, 55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE April 28, 1955		24c. NAME OF CEMETERY OR CREMATORY Valhalla		
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.						
DATE REC'D BY LOCAL REG. Apr. 26-1955		REGISTRAR'S SIGNATURE Zilpha Dow 420		25. FUNERAL DIRECTOR'S SIGNATURE Louis P. Phillips		
				ADDRESS Osage Beach, Mo.		

MAY 10 1953

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 *Louis D. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Weldon*

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.