

FILED MAR 1 1956

STANDARD CERTIFICATE OF DEATH

State File No. **5483**

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>3034</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>		c. LENGTH OF STAY (in this place) <u>2 Mo.</u>		c. CITY OR TOWN <u>Higginsville</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>054/0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Victor</u>		b. (Middle) <u>R.</u>		c. (Last) <u>Muller</u>	
4. DATE OF DEATH		(Month) <u>2</u>		(Day) <u>11</u>		(Year) <u>56</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>9-7-1892</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>4</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
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>Mens Clothing</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cole Camp, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Muller</u>		13b. MOTHER'S MAIDEN NAME <u>Gesina Mahnken</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>510-03-5821</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gussie Eastham</u>		ADDRESS <u>Lexington, Mo.</u>	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Thrombosis</u>		DUE TO (b) <u>Arteriosclerosis of heart chronic</u>		<u>2 1/2 hrs.</u>	
		ANTECEDENT CAUSES		DUE TO (c)		<u>several years.</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		II. OTHER SIGNIFICANT CONDITIONS		Pt. had myocardial infarction 3 yrs. previously.			
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>H200</u>				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) 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 <u>2-10</u> , 19 <u>56</u> , to <u>2-11</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-11</u> , 19 <u>56</u> , and that death occurred at <u>7:40</u> m., from the causes and on the date stated above.							
23a. SIGNATURE, (Degree or title) <u>Halban E. Falkson M.D.</u>				23b. ADDRESS <u>Higginsville M.D.</u>		23c. DATE SIGNED <u>2-17-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-13-1956</u>		24c. NAME OF CEMETERY OR CREMATORIO <u>City</u>		24d. LOCATION (City, town, or county) (State) <u>Higginsville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 20 - 56</u>		REGISTRAR'S SIGNATURE <u>154-0 Clayton St. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Forest S. Hooper</u>		ADDRESS <u>Higginsville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 8 1956

APR 9 1956

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 *Forrest A. Harper*

Licensed Embalmer No. 4358.....

P. O. Address Higginville

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.