

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26380**

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 256

1. PLACE OF DEATH a. COUNTY Cole			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole		
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Jefferson City,		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			f. STREET ADDRESS (If rural, give location) 608 Washington Street		
3. NAME OF DECEASED (Type or Print)	a. (First) LOUISE	b. (Middle) MARY	c. (Last) MUELLER	4. DATE OF DEATH (Month) (Day) (Year) AUG. 26, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 1, 1883	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 5 Days 26
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 (City and State or Foreign Country) Cole County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Veith		13b. MOTHER'S MAIDEN NAME Anna Antweiler		14. NAME OF HUSBAND OR WIFE Henry J. Mueller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glarence Mueller J.C., MO.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Metastatic			ANTECEDENT CAUSES		1-1 1/2 yrs
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Primary site unknown (Stomach)		
II. OTHER SIGNIFICANT CONDITIONS			DUE TO (b) Thrombus phlebotic left leg		
DUE TO (c)					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			151X		

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 July 15 19 56, to August 26 19 56, that I last saw the deceased alive on August 26 19 56, and that death occurred at 12.01 AM from the causes and on the date stated above.

23a. SIGNATURE Pres. A. D. Taylor M.D.		23b. ADDRESS Jefferson City, Missouri	23c. DATE SIGNED 8-31-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-28-56	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) Jefferson City, Missouri
DATE REC'D BY LOCAL REG. 31 Aug 1956	REGISTRAR'S SIGNATURE R.P. Harris MD-MR.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lyberty Jull, Jefferson City, Mo.	

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

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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 *James E. Eymard*.....

Licensed Embalmer No. *1978*.....

P. O. Address *Jaff City*.....

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.