THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000832
STATE FILE NUMBER

FILED JAN 19 1959

Registration District No. 115-116 Primary Registration District No. 4187 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Union — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) W. Springfield Ave. — Length of stay in 1b 2 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN Washington 0360 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) RR 1 E — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Middle Last: Simon Francis Mueller

4. DATE OF DEATH Month Day Year: Jan. 14, 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: June 21, 1878
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR Months 6 Days 23 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Cob Pipe Factory
11. BIRTHPLACE (City and state or country): Washington, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Phillip Mueller
13b. MOTHER'S MAIDEN NAME: Helen Sauer
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Margaret Fees, Address: Union, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute coronary infarction — INTERVAL BETWEEN ONSET AND DEATH: aprox 6 m
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 6, to Jan 10 and last saw her/him alive on Jan 10, 1959
Death occurred at 4:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George A. Richardson, M.D.
22b. ADDRESS: Union, Mo.
22c. DATE SIGNED: Jan 16 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 17, 1959
23c. NAME OF CEMETERY OR CREMATORY: Catholic Cemetery
23d. LOCATION (City, town, or county) (State): Washington, Missouri

24. FUNERAL DIRECTOR ADDRESS: Nieburg & Vitt Inc. Washington, Mo. L. H. Vitt
25. DATE RECD. BY LOCAL REG.: 1-17-59
26. REGISTRAR'S SIGNATURE: F. C. Tillmann G. L. Tillmann

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Alvin C. Nieburg

Licensed Embalmer No. 238

P. O. Address Nashing Va

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.