

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012632

STATE FILE NUMBER

70

FILED APR 16 1959

Registration District No. 59 Primary Registration District No.

Registrar's No.

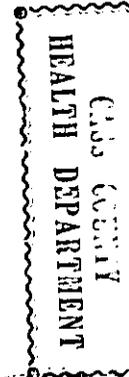
S. 300
1-57

1. PLACE OF DEATH a. COUNTY C ass			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY C ass		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Peculiar Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Belton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give home) HOSPITAL OR INSTITUTION Pleasant view Rest		Length of stay in lb 6 months	d. STREET ADDRESS 614 4th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ANNA Middle MARY Last MUCKE			4. DATE OF DEATH Month April Day 3 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 26, 1879		9. AGE (In years (birthday)) 79
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 country) Montrose, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Cook		13b. MOTHER'S MAIDEN NAME "unknown"	
14. NAME OF HUSBAND OR WIFE John Mucke		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Lena Catron		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BROUCHOPNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 7 DAYS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) FRACTURE RT. FEMUR - 12 DAYS 491XF		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
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 Sept 15 1958 and last saw her alive on April 2 1959 Death occurred at 9:00 m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Signature or title) M. D.			
22b. ADDRESS Harrisonville, Missouri		22c. DATE SIGNED 4/4/1959			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/6/1959		23c. NAME OF CEMETERY OR CREMATORY St. Ludgers Cemetery	
23d. LOCATION (City, town, or county) Germantown, Mo.		24. FUNERAL DIRECTOR E. K. George & Sons, Inc Belton, Mo			
25. DATE RECD. BY LOCAL REG. 4-11-1959		26. REGISTRAR'S SIGNATURE Mrs Ray Sebrer			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Richard E. Deane

Licensed Embalmer No. 3958

P. O. Address Belta, Mo

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.