

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032972

FILED VS SEP 28 1959

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 85

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MONTGOMERY</u>					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>BEDFORD</u>		Length of stay in 1b		c. CITY OR TOWN <u>5 miles North</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LINCOLN CO. MEM. HOSP</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>9 High Hill</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>CATHERINE</u> Last <u>MULLER</u>				4. DATE OF DEATH Month <u>9</u> Day <u>20</u> Year <u>59</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5-2-57</u>		9. AGE (last birthday) <u>72</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>High Hill Mo.</u>		12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME <u>Leary Muller</u>			13b. MOTHER'S MAIDEN NAME <u>Manke</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 dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Georgia Edwards New House</u>			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MEDULLARY FAILURE</u> DUE TO (b) <u>CEREBRAL THROMBOSES</u> DUE TO (c) <u>ARTERIO SCLEROSIS</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>EMACIATION</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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.		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 <u>9-18-59</u> to <u>9-20-59</u> and last saw her alive on <u>9-20-59</u> Death occurred at <u>5:00 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>R. Blackwell D.O.</u>				22b. ADDRESS <u>TROY, MISSOURI</u>				22c. DATE SIGNED <u>9-20-59</u>	
23a. JURNAL CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-23-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mount Pleasant</u>		23d. LOCATION (City, town, or county) (State) <u>High Hill Mo</u>			
24. FUNERAL DIRECTOR <u>B.A. Heddy</u>				ADDRESS <u>Jonesburg Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-20-1959</u>		26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____ Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl A. Harding

Licensed Embalmer No. 411

P. O. Address Jonesburg

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.