FILED VS MAY 17 1960

URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-020578
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 179

ENDED

1. PLACE OF DEATH
a. COUNTY St. FRANCOIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~Bismar~~ FLAT RIVER — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Gospel Tabernacle Church — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY St. FRANCOIS
c. CITY OR TOWN Bismarck, MO — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First NORA Middle Last MUELLER
4. DATE OF DEATH Month MAY Day 8. Year 1960
5. SEX FEMALE
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Sept 19, 1888
9. AGE (last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE
11. BIRTHPLACE (City and state or country) Ste. Genevieve, MO.
12. CITIZEN OF WHAT COUNTRY United States
13a. FATHER'S NAME ISIAC HILL
13b. MOTHER'S MAIDEN NAME REBECCA ADAMS
14. NAME OF HUSBAND OR ~~WIFE~~ LEN MUELLER.
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 Address MR. LEN MUELLER BISMARCK 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 15 min
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) arterio-sclerotic heart disease, hypertension
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 not attended to and last saw her/him alive on 5-6-60
Death occurred at 5-8-60 8:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. C. Goebe (Degree or title) ~~M.D.~~ M.D.
22b. ADDRESS Desloge MO
22c. DATE SIGNED 5-10-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE MAY 11, 1960
23c. NAME OF CEMETERY OR CREMATORY St. FRANCOIS MEM. PARK
23d. LOCATION (City, town, or county) (State) NEAR BONNE TERRE, MO.

24. FUNERAL DIRECTOR R. Caldwell & Sons — ADDRESS FLAT RIVER, MO
25. DATE RECD. BY LOCAL REG. May 11, 1960
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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

or by Donald Dale Caldwell., Student Embalmer No. 587

working under my personal supervision.

Student Donald Dale Caldwell. Signed R. Caldwell
Signature of Student Embalmer

Licensed Embalmer No. 1551

P. O. Address Flat Rw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.