

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012594

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 281 Primary Registration District No. 3045 Registrar's No. 61

STATE FILE NUMBER

**FILED MAR 19 1963**

VS 300  
Rev. 4/59

DATE AMENDED

6745  
8740

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Nodaway</u>	a. STATE <u>Mo</u>	b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARUVILLE</u>	Length of stay in 1b <u>7 days</u>	c. CITY OR TOWN <u>BARNARD</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Francis Hosp.</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>MARY F. MULLER</u>			4. DATE OF DEATH <u>3-12-1963</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>CAU</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-30-1886</u>	9. AGE: (last birthday) <u>76</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME-OWN</u>	11. BIRTHPLACE (City and state of country) <u>ROSENDALE Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>William Kelly</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Beattie</u>	14. NAME OF HUSBAND OR WIFE <u>SIEBE J. MULLER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>SIEBE J. MULLER - BARNARD Mo</u>

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)		INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>
IMMEDIATE CAUSE (a) <u>acute coronary occlusion</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic arteriosclerosis</u>	
	DUE TO (c) <u>heart disease with hypertension</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 <u>9:30</u> a.m. p.m.	Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>BARNARD</u>	COUNTY <u>Mo</u>	STATE <u>Mo</u>
21. I attended the deceased from <u>2-13-63</u> to <u>3-12-63</u> and last saw her/him alive on <u>3-12-63</u> . Death occurred at <u>9:30 A</u> - m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>H.E. Bauman MD</u>	22b. ADDRESS <u>1218 Main Maryville Mo</u>	22c. DATE SIGNED <u>3/14/63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3-14-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BETHANY Cem - BARNARD, Mo.</u>	23d. LOCATION (City, town, or county) (State) <u>BARNARD, Mo.</u>
24. FUNERAL DIRECTOR <u>Harrison - Maryville, Mo -</u>	25. DATE RECD. BY LOCAL REG. <u>3-14-63</u>	26. REGISTRAR'S SIGNATURE <u>Beas Bolt</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

**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

*B M Johnson*

Licensed Embalmer No.

*2279*

P. O. Address

*Maryville, 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.