

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-027712**  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **77**

Primary Registration District No. **3016**

Registrar's No. **289**

VS 300  
Rev. 4/59

1 **0219**

2 **0710**

3

4 **0**

5 **1**

6

7 **0**

8 **0**

9 **442X**

10

11

12 **1-2**

13 **30**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**FILED JUL 25 1963**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City, Mo</b>		Length of stay in 1b <b>15 Days</b>	c. CITY OR TOWN <b>Rhineland, Mo</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Chas Still Hosp</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rhineland, Mo</b>
3. NAME OF DECEASED (Type or print) First <b>Hermann</b> Middle <b>Muehl</b> Last <b>Muehl</b>		4. DATE OF DEATH Month <b>7-22-1963</b> Day <b>22</b> Year <b>1963</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-21-1881</b>
9. AGE (last birthday) <b>81</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Rhineland, Mo</b>
12. CITIZEN OF WHAT COUNTRY <b>U S</b>		13a. FATHER'S NAME <b>Thuisiko Lich Muehl</b>	
13b. MOTHER'S MAIDEN NAME <b>Louise Brasser</b>		14. NAME OF HUSBAND OR WIFE <b>Laura Muehl</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT <b>Sidney Muehl Rhineland, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary failure due to Uremia chronic</b> DUE TO (b) <b>Long recumbency and inanition chronic</b> DUE TO (c) <b>Chronic arteriosclerotic cardiovascular disease chronic</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>chronic</b>
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.)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour <b>1:05</b> a.m. <b>0</b> p.m.		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 <b>Jefferson city Mo</b> COUNTY <b>Mo</b> STATE <b>Mo</b>	
21. I attended the deceased from <b>July 7, 1963</b> to <b>July 22, 1963</b> and last saw him alive on <b>July 22, 1963</b> Death occurred at <b>1:05 p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Helen Atterbury D.O.</b>		22b. ADDRESS <b>Jefferson city Mo</b>	
22c. DATE SIGNED <b>7-22-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-26-1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>St Marcus Cemetery</b>		23d. LOCATION (City, town, or county) <b>Rhineland, Mo</b> (State)	
24. FUNERAL DIRECTOR <b>D B Baker New Florence, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>24 July 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Norma K Richter</b>			

**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,

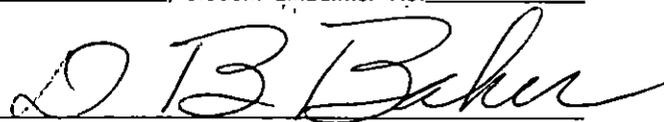
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed



Licensed Embalmer No. 3375

P. O. Address New Florence, 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.