No. 300
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 3 - 1951

State File No. 19616

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 238

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cape Girardeau
c. LENGTH OF STAY (In this place) About 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Meuser Nursing Home 603 S Ellis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shawneetown
d. STREET ADDRESS (If rural, give location) 1160 1

3. NAME OF DECEASED (Type or Print) a. (First) Louisa b. (Middle) _____ c. (Last) Mueller

4. DATE OF DEATH (Month) June (Day) 25 (Year) 1951

5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Aug. 30 1864 | 9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. 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
11. BIRTHPLACE (State or foreign country) Cape Girardeau Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Henry Kosten
13b. MOTHER'S MAIDEN NAME Theresia Lueders
14. NAME OF HUSBAND OR WIFE Alvin 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'S SIGNATURE OR NAME ADDRESS Wilbert Lorenze Altenburg-Star Route

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Inanition & Debilitation	6 months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Carcinomatosis	2 years
DUE TO (c)	Primary carcinoma of uterus	3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 174X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 26 19 51, *to* _____, 19___, *that I last saw the deceased alive on* April 26, 19 51, *and that death occurred at* 5 30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M. Marguerite Fuller M.D.
23b. ADDRESS 321 H. H. Bldg., Cape Girardeau, Mo.
23c. DATE SIGNED 6-28-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 28 1951
24c. NAME OF CEMETERY OR CREMATORY Shawneetown
24d. LOCATION (City, town, or county) Shawneetown (State) Mo

DATE REC'D BY LOCAL REG. 6-28-1951
REGISTRAR'S SIGNATURE C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McCarty Funeral Home Jackson, Mo.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUL 2 1951

DISTRICT HEALTH OFFICE No. 6

No.....

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 .....
Student Embalmer

Signed B. A. Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson Miss

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 this body is not embalmed, fact should be so stated above.