

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33377

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BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "R" Howell Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "R" Howell Twp. <u>0460</u>	
c. LENGTH OF STAY (In this place) 3 1/2 MOS.		d. STREET ADDRESS (If rural, give location) West Plains, Gainesville Rt., residence	
d. FULL NAME OF HOSPITAL OR INSTITUTION: residence			
3. NAME OF DECEASED (Type or Print) a. (First) STERLING		b. (Middle) DALE	
		c. (Last) MUSTION	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1950			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 30, 1915
9. AGE (In years last birthday) 35		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
11. BIRTHPLACE (State or foreign country) Howell County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Floyd Mustion		13b. MOTHER'S MAIDEN NAME Vira Coursey	
14. NAME OF HUSBAND OR WIFE Muriel Hilton Mustion			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Floyd Mustion, West Plains, Mo.		ADDRESS _____	
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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerular (Nephros) Nephritis INTERVAL BETWEEN ONSET AND DEATH 5 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 592X	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>10/14</u> , 19 <u>50</u> , to <u>10/18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-14</u> , 19 <u>50</u> , and that death occurred at <u>8:25 P.</u> from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title) _____		23b. ADDRESS West Plains Mo	
23c. DATE SIGNED 10/18/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Oct. 18, 1950	
24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.		24d. LOCATION (City, town, or county) (State) West Plains, Missouri	
DATE REC'D BY LOCAL REG. 10-20-50		REGISTRAR'S SIGNATURE Beatrice Cook 319	
25. FUNERAL DIRECTOR'S SIGNATURE Hal Keoumburg		ADDRESS Plains, Mo.	

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED OCT 23 1950

Dist. File 1050-2143
Date Filed 10-24-50

JAN 8 1952

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 Hal Thonberg

Licensed Embalmer No. 3408

P. O. Address W. Plains, 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 this body is not embalmed, fact should be so stated above.