S. No. 300
V. 10.48

FILED APR 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 7947

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 6373 Registrar's No. 21

330
1

1. PLACE OF DEATH
a. COUNTY DeKalb
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maysville Rural
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home 4 Miles east of town

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo, b. COUNTY DeKalb
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maysville Rural, Camden Twp.
d. STREET ADDRESS (If rural, give location) 4 Miles East of Maysville

3. NAME OF DECEASED (Type or Print)
a. (First) Pearl b. (Middle) Elizabeth c. (Last) Musick

4. DATE OF DEATH (Month) 3 (Day) 23 (Year) 51

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 4-13-1896

9. AGE (In years last birthday) 54 — If under 1 year: Months 11 Days 10 — 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 Home

11. BIRTHPLACE (State or foreign country) Mo,

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME William Wagoner

13b. MOTHER'S MAIDEN NAME Avery Martin

14. NAME OF HUSBAND OR WIFE Ira Musick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Mo (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Ira Musick **ADDRESS** Maysville Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardio-Renal disease. — INTERVAL BETWEEN ONSET AND DEATH

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. 442X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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* Dec 2, 1950 *to* March 23, 1951, *that I last saw the deceased alive on* March 23, 1951, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Fred Wilson MD (Degree or title) **23b. ADDRESS** Winston, Mo. **23c. DATE SIGNED** 3-25-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 3-28-51 **24c. NAME OF CEMETERY OR CREMATORY** Mt Auburn **24d. LOCATION** (City, town, or county) St. Joseph (State) Mo

DATE REC'D BY LOCAL REG. 3-27-51 **REGISTRAR'S SIGNATURE** Roscoe Davidson 82

25. FUNERAL DIRECTOR'S SIGNATURE John Brown **ADDRESS** Maysville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
5 '51
DISTRICT
HEALTH OFFICE
CAMBRIDGE, MD.

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3933

P. O. Address Waynesville 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.