

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17296

State File No.

FILED JUN 4 1952

BIRTH NO. _____		REG. DIST. NO. <u>225</u>		PRIMARY REG. DIST. NO. <u>4335</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Tipton</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - OSAGE</u> <u>0715</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Tipton-</u>				d. STREET ADDRESS (If rural, give location) <u>10 ml So. BRAVOIS MILLS</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MATILDA-</u> b. (Middle) <u>JANE</u> c. (Last) <u>MUSICK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 23-1952</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) (Specify) <u>Widowed - 7</u>	8. DATE OF BIRTH <u>10 Dec 1870</u>	9. AGE (In years last birthday) <u>81</u>	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) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>		11. BIRTHPLACE (State or foreign country) <u>Cooper-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Adam-Woolledge</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph-Musick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>SAMUEL-MUSICK-Tipton Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>L</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NONE</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Luebert M.D.</u>				23b. ADDRESS <u>Tipton, Mo</u>		23c. DATE SIGNED <u>5-23-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>25 May 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SILVY-</u>		24d. LOCATION (City, town, or county) (State) <u>MORGAN Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>May 25-1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. Maude Hedden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Rays</u>		ADDRESS <u>ELDON Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Keith M. Fays

Licensed Embalmer No. *3998*

P. O. Address *Eldon 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.