S. No. 300
v. 10.48

0310 1

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42451

FILED DEC 21 1953

BIRTH NO. ____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4160 Registrar's No. 97

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winston
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winston 0310
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Etta
b. (Middle):
c. (Last): McCaskey

4. DATE OF DEATH (Month) (Day) (Year): 11-28-53

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W

8. DATE OF BIRTH: 9-21-1866

9. AGE (In years last birthday): 87
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): Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Ky

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jacob A. Musselman

13b. MOTHER'S MAIDEN NAME: Million

14. NAME OF HUSBAND OR WIFE: R.T. McCaskey Deceased

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Mrs. J.L. Musselman
ADDRESS: Winston

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: years

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.: Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 4222

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* Nov. 26, *1953, to* Nov. 28, *1953, that I last saw the deceased alive on* Nov. 28, *1953, and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. R. Wilson (Degree or title) MD

23b. ADDRESS: Winston Mo

23c. DATE SIGNED: 11-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-30-1953

24c. NAME OF CEMETERY OR CREMATORY: Winston Cemetery

24d. LOCATION (City, town, or county) (State): Winston, Mo.

DATE REC'D BY LOCAL REG.: 12-16-53

REGISTRAR'S SIGNATURE: Virginia M. Engelhard 81-0

25. FUNERAL DIRECTOR'S SIGNATURE: Mrs Kate Stout

ADDRESS: Winston Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Fallatin, 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.