

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**28160**

State File No. ....

**FILED AUG 23 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4281 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Canton</u> <u>Canton</u>		c. CITY OR TOWN <u>Canton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>609 Washington St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home, 609 Washington</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GILBERT</u>	b. (Middle) <u>ROWAN</u>	c. (Last) <u>MUSGROVE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 14, 1954</u>
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5. SEX <u>Male</u>	6. COLOR (RACE) <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 16, 1893</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dairy</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Commercial</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clark County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas A. Musgrove</u>	13b. MOTHER'S MAIDEN NAME <u>Lillie Rowan</u>	14. NAME OF HUSBAND OR WIFE <u>Jennie Reiter</u>
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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>492-28-1296</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. G.R. Musgrove, Canton, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Canton, Lewis, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8-13, 1954, to 8-14, 1954 that I last saw the deceased alive on 8-14, 1954 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. J. Dodson M.D.</u>	23b. ADDRESS <u>Canton, Mo.</u>	23c. DATE SIGNED <u>8/17/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 16, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Canton, Lewis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-17-54</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings</u>	FUNERAL DIRECTOR'S SIGNATURE <u>M. D. Carl</u>	ADDRESS <u>Canton, Mo.</u>
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E.L.

(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.....  
Signature of Student Embalmer

Signed *Earl H. Rankin*.....

Licensed Embalmer No. *2615*

P. O. Address *Canton, Ga.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.