

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12349

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia, Mo.</u>		c. CITY OR TOWN <u>Salem Mo. R#2</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>8 days</u>		e. STREET ADDRESS (If rural, give location) <u>-0230,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Fred</u>	b. (Middle) <u>Edward</u>	c. (Last) <u>Mysch</u>	(Month) <u>May</u>	(Day) <u>8</u>	(Year) <u>56</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-19-1897</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____	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>Plasterer by trade</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Plasterer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Albert Mysch</u>	13b. MOTHER'S MAIDEN NAME <u>Johnna Hoffman</u>	14. NAME OF HUSBAND OR WIFE <u>Virginia Mysch</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>492-10-5871</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic glomerulonephritis</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 30, 1956, to May 8, 1956, that I last saw the deceased alive on May 7, 1956, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) of <u>John D. Killough, MD</u>	23b. ADDRESS <u>Univ. Hospital</u>	23c. DATE SIGNED <u>5-8-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/11/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carty</u>	24d. LOCATION (City, town, or county) (State) <u>Salem, Dent, Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 9 1956</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lynman Sprinkle</u>	ADDRESS <u>Columbia</u>
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VS JUL 6 1959

JUL 6 1959

JUL 20 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, ~~or by~~, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. 40

P. O. Address *[Address]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.