Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009999
STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 429 Michigan — Length of stay in 1b 13 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN Lebanon 0.53 2 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 429 Michigan — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First FLORENCE Middle IDELA Last MUSGRAVE

4. DATE OF DEATH Month April Day 1 Year 1959

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH Feb. 23, 1869
9. AGE (In years last birthday) 90 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (City and state or country) Laclede County Mo. 6
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Mary E. Murphy
14. NAME OF HUSBAND OR WIFE Frank Musgrave

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT Address Mr. W.C. Musgrave, Lebanon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH 7 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility 491X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from apr 1 - 1959 to apr 01 1959 and last saw her/him alive on apr 1, 1959
Death occurred at 8:00P on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. H. Johnson (Degree or title) MD
22b. ADDRESS Lebanon Mo
22c. DATE SIGNED 4-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/4/59
23c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemetery
23d. LOCATION (City, town, or county) (State) Lebanon, Mo.

24. FUNERAL DIRECTOR R. L. Palmer ADDRESS Lebanon Mo
25. DATE RECD. BY LOCAL REG. 4-4-1959
26. REGISTRAR'S SIGNATURE Nella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

te Filed APR 13 1959

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 Richard L. Palmer

Licensed Embalmer No. 4595

P. O. Address Lebanon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.