

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-008165

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 310 Primary Registration District No. 305a Registrar's No. 51

FILED FEB 19 1963

VS 300
Rev. 4/59

1 0929
2 0928
3
4 0
5 1
6
7 0
8 2
9 4201
10
11
12 90-0
13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. CHARLES		Length of stay in 1b 6 MO	c. CITY OR TOWN ST. CHARLES Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 425 So. DUCHESNE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 425 So. DUCHESNE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM WRIGHT MUSICK			4. DATE OF DEATH Month Day Year FEB. 14 1963
5. SEX M.	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 12, 1975
9. AGE (last birthday) 67		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER		10b. KIND OF BUSINESS OR INDUSTRY CHEMICAL	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME JOEL LEWIS MUSICK	
13b. MOTHER'S MAIDEN NAME ANNA CAUNAUGH		14. NAME OF HUSBAND OR WIFE GRACE M. MUSICK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) YES W.W.I		16. SOCIAL SECURITY NO. 999	
17. INFORMANT GRACE MA MUSICK		Address ST. CHARLES, MO.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis			INTERVAL BETWEEN ONSET AND DEATH 4 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary atherosclerosis DUE TO (c) Hypertensive heart disease			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour & m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 Oct 31, 1962 to Feb. 14, 1963 and last saw him alive on Feb. 13, 1963 . Death occurred at 12:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. J. Coory (Degree or title) M.D.		22b. ADDRESS 114 W. Main St. St. Charles, Mo.	
22c. DATE SIGNED Feb 15, 1963			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 16 FEB. 1963	
23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
24. FUNERAL DIRECTOR PRINSTER-BAVE F.H.		25. DATE RECD. BY LOCAL REG. 2-15-63	
26. REGISTRAR'S SIGNATURE Marcella Wilson			

USE BLACK INK OR TYPEWRITER RIBBON

FEB 21 1963

APR 26 1963

JUL 10 1963

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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 Frederic W. Bane

Licensed Embalmer No. 4607

P. O. Address So. Charles, Md.

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.