

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010955

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 130

FILED APR 3 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u> Length of stay in lb <u>11 days</u>		c. CITY OR TOWN <u>Ashland</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) <u>Charles E Still Hosp</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Lennie</u> Middle <u>Frances</u> Last <u>Mustain</u>			4. DATE OF DEATH Month <u>Mar.</u> Day <u>28</u> Year <u>1963</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/26/95</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (last birthday) <u>67</u> IF UNDER 1 YEAR: Months <u>6</u> Days <u>7</u> IF UNDER 24 HR: Hours <u>—</u> Min. <u>—</u>
11a. FATHER'S NAME <u>Johnson Crump</u>		11b. MOTHER'S MAIDEN NAME <u>Susan Jane Sapp</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>no</u>)		14. NAME OF HUSBAND OR WIFE <u>Fred W Mustain</u>	
15. CAUSE OF DEATH (Enter only one cause, per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u> DUE TO (b) <u>Uremia</u> DUE TO (c) <u>Nephritis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		16. SOCIAL SECURITY NO. <u>Wright Mustain Ashland Mo.</u> 17. INFORMANT Address <u>Mustain</u>	
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>—</u> Month, Day, Year <u>—</u>	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 <u>March 17 1963</u> to <u>March 28 1963</u> and last saw her/him alive on <u>March 28 1963</u> . Death occurred at <u>2:10</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) <u>James E. Steffen D.O.</u>		21b. ADDRESS <u>Ashland, Mo.</u>	21c. DATE SIGNED <u>3-28-63</u>
22a. BURIAL, CREMATION, or REMOVAL (Specify) <u>Burial</u>	22b. DATE <u>Mar 30 1963</u>	22c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemetery</u>	22d. LOCATION (City, town, or county) (State) <u>Ashland Missouri</u>
23. FUNERAL DIRECTOR <u>Burnett Funeral Home</u>	ADDRESS <u>Ashland Mo</u>	24. DATE RECD. BY LOCAL REG. <u>28 March 1963</u>	25. REGISTRAR'S SIGNATURE <u>Pherris Richter, Dep.</u>

USE BLACK INK OR TYPEWRITER RIBBON

APR 4 1963

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 W^m L. Burnett

Licensed Embalmer No. 2567

P. O. Address Asheville 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.