

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012688

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 105

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED MAR 27 1963

1. PLACE OF DEATH
 a. COUNTY Pettis County
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in 1b 2 1/2 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Campbell's Rest Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
 a. STATE Mo b. COUNTY St Charles
 c. CITY OR TOWN O'Fallon Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) O'Fallon Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Jametta Campbell Muschany
 4. DATE OF DEATH Month Day Year March - 20 - 1963

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 11-23-1981 9. AGE (last birthday) 81 years IF UNDER 1 YEAR Months 3 Days 28 IF UNDER 24 HR Hours 3 Min. 28

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY None
 11. BIRTHPLACE (City and state of country) O'Fallon - Missouri 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME John B. Muschany 13b. MOTHER'S MAIDEN NAME Minerva McElvaine 14. NAME OF HUSBAND OR WIFE Mrs. Audrey F. Neumeier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. [Redacted] 17. INFORMANT Mrs. Audrey F. Neumeier Address [Redacted]

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Bronchial pneumonia INTERVAL BETWEEN ONSET AND DEATH 4 days
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) None

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Myocarditis PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year None

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.) None 20f. CITY, TOWN, OR LOCATION COUNTY STATE None

21. I attended the deceased from 8-8-60 to 3-20-63 and last saw her alive on 3-19-63
 Death occurred at 2:48 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. Boger M.D. 22b. ADDRESS Sedalia Mo 22c. DATE SIGNED 3/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-22-1963 23c. NAME OF CEMETERY OR CREMATORY Audience Cemetery 23d. LOCATION (City, town, or county) (State) St Charles County - Missouri

24. FUNERAL DIRECTOR Neumeier Funeral Home, Sedalia, Mo ADDRESS [Redacted] 25. DATE RECD. BY LOCAL REG. March 21, 1963 26. REGISTRAR'S SIGNATURE Francis J. Anderson

USE BLACK INK OR TYPEWRITER RIBBON

MAY 16 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 Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Lupton, 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.