Dr. Musick

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019751
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. — Registrar's No. 812

FILED JUN 3 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0390
2 0770
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROUTE # 3 — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY OZARK
c. CITY OR TOWN TECUMSEH — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First LEONRA Middle C. Last MASON

4. DATE OF DEATH Month MAY Day 26 Year 1963

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 10/25/70
9. AGE (last birthday) 92
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) COOKSVILLE, TENN.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME CHRISTOPHER C. CRAFT
13b. MOTHER'S MAIDEN NAME MARGARET REED
14. NAME OF HUSBAND OR WIFE RUBEN MASON (DEC.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of ser
17. INFORMANT MRS. HERBERT MOFFIS, SPFLD. MO. Address RT # 3

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) Hemorrhage, Cerebral — INTERVAL BETWEEN ONSET AND DEATH 5 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)
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.)
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 5,22,63 to 5,26,63 and last saw her/him alive on 5,26,63
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.
22b. ADDRESS 505 Medical Arts Bldg Springfield, Missouri
22c. DATE SIGNED 5,27,63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 5/29/63
23c. NAME OF CEMETERY OR CREMATORY BAPTIST HILL CEMETERY
23d. LOCATION (City, town, or county) (State) ELIGAH, MO.

24. FUNERAL DIRECTOR H.H. LOHMEYER FUNERAL HOME ADDRESS ~~SPRINGFIELD, MO.~~
25. DATE RECD. BY LOCAL REG. 5-29-63
26. REGISTRAR'S SIGNATURE Effie G. Melton EW

(Licensed Embalmer's Statement on Reverse Side)

3-27

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 [illegible]

Licensed Embalmer No. 4815

P. O. Address Springfield, 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.