MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-047318
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0170
2 0170
3 1
4 0
5 1
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8 2
9 420.1
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12 90-0
13 2-0

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

Registration District No. 55 Primary Registration District No. 5208 Registrar's No. 139

FILED DEC 27 1963

1. PLACE OF DEATH
a. COUNTY Carroll
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hale — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home S/W Hale — Inside Limits Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First JOHN Middle DAYTON Last MUSSER
4. DATE OF DEATH Month Dec. Day 12/18 Year 1963
5. SEX M
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7/15/1904
9. AGE (last birthday) 59 — IF UNDER 1 YEAR Months 5 Days 5 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Bogard, Missuri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Russia Musser.
13b. MOTHER'S MAIDEN NAME Anna Wilson
14. NAME OF HUSBAND OR WIFE Mrs Flossie Musser.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of serv No
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs Flossie Musser. Hale, 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) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH Immediate
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 5-4-53 to 12-18-63 and last saw her/him alive on 11-14-62
Death occurred at 6:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) D. Morrell, M.D.
22b. ADDRESS Chillicothe Mo
22c. DATE SIGNED 12-21-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/22/1963
23c. NAME OF CEMETERY OR CREMATORY Caloma Cemetery
23d. LOCATION (City, town, or county) (State) Zina Mo
24. FUNERAL DIRECTOR Clifford W. Austin F-H ADDRESS Hale, Mo.
25. DATE REC'D. BY LOCAL REG. Dec 26-63
26. REGISTRAR'S SIGNATURE Mary Dean

(Licensed Embalmer's Statement on Reverse Side)

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 Offord W Austin

Licensed Embalmer No. #3233

P. O. Address Tina, Missuri.

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.