

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12074

FILED APR 25 1949

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 345

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give town) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield, Mo.	
c. LENGTH OF STAY (In this place) 1 yr.		d. STREET ADDRESS (If rural, give location) 1717 N. Jefferson	
d. FULL NAME OF HOSPITAL OR INSTITUTION 638 N. National			
3. NAME OF DECEASED (Type or Print) a. (First) Stella		b. (Middle) V.	
		c. (Last) Musser	
4. DATE OF DEATH (Month) (Day) (Year) April 16, 1949			
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Jan. 1 1887	
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months Days	
IF UNDER 1 YEAR Hours Min.		11. BIRTHPLACE (State or foreign country) Montgomery, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Drew Butler		13b. MOTHER'S MAIDEN NAME Mattie Ogdon	
14. NAME OF HUSBAND OR WIFE X			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Iva Lela Musser Spfld, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction, acute		INTERVAL BETWEEN ONSET AND DEATH few minutes.	
ANTECEDENT CAUSES (b) Arteriosclerosis, Heart Disease			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) H200			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) NOTE: VISITS PRIOR TO DEATH WERE TO MY ASSOCIATE, DR. E. E. GLENN.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 13, 1948</u> to <u>April 16, 1949</u> , that I last saw the deceased alive on <u>2/2, 1949</u> , and that death occurred at <u>9:40p m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Glenn O. Trench, M.D.		23b. ADDRESS Springfield, Mo.	
		23c. DATE SIGNED 4/18/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/19/49	
24c. NAME OF CEMETERY OR CREMATORY Forrest Lawn		24d. LOCATION (City, town, or county) (State) Glendale, Calif.	
DATE REC'D BY LOCAL REG. 4/19/49		REGISTRAR'S SIGNATURE W. S. Handley M.D.	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. Lohmeyer Springfield, Mo.	

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.

Signed Walter E. Lane

Signed.....
Student Embalmer

Licensed Embalmer No. 3808

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 this body is not embalmed, fact should be so stated above.