S. No. 300
v. 10.48

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

FILED MAY 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15754

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 132

1. PLACE OF DEATH
a. COUNTY: ADAIR
b. CITY OR TOWN (If within corporate limits, write RURAL and give township): KIRKSVILLE
c. LENGTH OF STAY (In this place): 2 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GRIM-SMITH MEMORIAL HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SULLIVAN
c. CITY OR TOWN (If within corporate limits, write RURAL and give township): RURAL - JACKSON TWP. 1
d. STREET ADDRESS (If rural, give location): 6 MI. S.W. GREEN CITY

3. NAME OF DECEASED (Type or Print)
a. (First): ORRIS
b. (Middle): ELIJAH
c. (Last): MUSGRAVE

4. DATE OF DEATH (Month) (Day) (Year): MAY 17, 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 11, 1879
9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HRS.: 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: GENERAL FARMING
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: MOSES A. MUSGRAVE
13b. MOTHER'S MAIDEN NAME: CATHARINE YAMBERT
14. NAME OF HUSBAND OR WIFE: LETHA PEARL MUSGRAVE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ___
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. MITCHELL LEDFORD
ADDRESS: GREEN CASTLE

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion & again — INTERVAL BETWEEN ONSET AND DEATH: 2 wks 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic heart disease — 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 4200

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan, 1950, *to* May 17, 1950, *that I last saw the deceased alive on* May 17, 1950, *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: George E. Gram (Degree or title): MD
23b. ADDRESS: Kirksville, Missouri
23c. DATE SIGNED: 5/17/50

24a. BURIAL CREMATION REMOVAL (Specify): BURIAL
24b. DATE: MAY 19, 1950
24c. NAME OF CEMETERY OR CREMATORY: HUMPHREY CEM.
24d. LOCATION (City, town, or county) (State): HUMPHREY, MO.

DATE REC'D BY LOCAL REG.: 5-17-50
REGISTRAR'S SIGNATURE: Nate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: Glenn E. Kent & Son
ADDRESS: Green City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 2 3 1950
District Health Officer No. 10
District File Number 5-10-88
Date Filed

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 .....
Student Embalmer

Signed Karl R. Kent
Licensed Embalmer No. 4689
P. O. Address Green City, 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.