

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 274

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>118</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u> c. LENGTH OF STAY (In this place) <u>2 1/2 hrs to 7 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 2</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u> <u>0117</u> d. STREET ADDRESS (If rural, give location) <u>2639 State St</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Flores</u> b. (Middle) <u>Eliza</u> c. (Last) <u>Musser</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 5 1951</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Jan 22 1878</u>		
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>13</u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Practical nurse</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>nursing</u>		11. BIRTHPLACE (State or foreign country) <u>Berlin Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>	
13a. FATHER'S NAME <u>Henry K Musser</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Walker</u>			14. NAME OF HUSBAND OR WIFE <u>XXXXXXXXXXXX</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Gardner Thompson</u> ADDRESS <u>St Joseph, Missouri</u>				
18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cholera Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>490X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Jan 1</u> , 19 <u>51</u> , to <u>Feb 5</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 4</u> , 19 <u>51</u> , and that death occurred at <u>9:25</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Jorrest Thomas</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>State Hospital no 2 St Jo. Mo</u>		23c. DATE SIGNED <u>2/5 1951</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Febr. 6, 1951.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>Feb 7, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casco</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoffer</u>		ADDRESS <u>St. Joseph, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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*****

*

working under my personal supervision.

Student Embalmer No.**** *****

Signed

Albert C. Harrington

Signed.....*** ****
Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.