

FILED FEB 19 1951

 DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

4491

S. No. 300

v. 10.48

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

BIRTH NO. _____		REG. DIST. NO. <u>128</u>	PRIMARY REG. DIST. NO. <u>2000</u>	Registrar's No. <u>123</u>
1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>GREENEX Oregon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koshkonong</u> <u>0770</u>		
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hosp.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>		b. (Middle) <u>Denman</u>		c. (Last) <u>Mustion</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14, 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>June 16 1944</u>	9. AGE (In years last birthday) <u>5</u> # UNDER 1 YEAR Months <u>5</u> # UNDER 1 YEAR Days <u>5</u> # UNDER 1 YEAR Hours <u>5</u> # UNDER 1 YEAR Mins. <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>(Infant)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>(Infant)</u>		11. BIRTHPLACE (State or foreign country) <u>Koshkonong, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Clyde Mustion</u>		13b. MOTHER'S MAIDEN NAME <u>Addie Nirk</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Addie Mustion Koshkonong, Mo.</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>meningitis (purulent) or gashem not isolated</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 d.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>3403</u>
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>2-13, 1951</u> , to <u>2-14, 1951</u> , that I last saw the deceased alive on <u>2-14, 1951</u> , and that death occurred at <u>9:30 a</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Urban P. Busick MD</u>		23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>2-15-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/16/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Koshkonong</u>	24d. LOCATION (City, town, or county) (State) <u>Koshkonong, Mo.</u>
DATE REC'D BY LOCAL REG. <u>2/16/51</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.H. Lohmeyer Springfield, Mo.</u>

(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

Student Embalmer

Signed.....

Lucien T. Goodby

Licensed Embalmer No. *11875*

P. O. Address *Springfield*

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.