

FILED APR 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13238

State File No.

BIRTH NO. 124 REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 3042 Registrar's No. 25

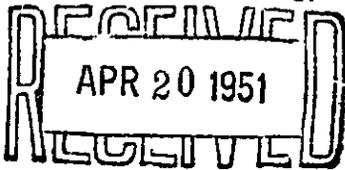
1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>		c. LENGTH OF STAY (In this place) <u>10 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>		d. STREET ADDRESS (If rural, give location) <u>E. Mine la Motte (Rear)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>E. Mine la Motte (Rear)</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u> b. (Middle) <u>George</u> c. (Last) <u>Cushman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 9, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 4, 1884</u>
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>5</u>	IF UNDER 22 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boiler Shop worker (ret)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. R.R. Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Chester, Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Michael Cushman</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Spichalski</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie Marie Cushman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jessie Marie Cushman - Fredericktown Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7-3-50</u> <u>4-9-51</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ Conditions contributing to the death but not related to the disease or condition causing death.			
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) <u>4222</u>	
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>7-3</u> , 19 <u>50</u> , to <u>4-9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-9</u> , 19 <u>51</u> , and that death occurred at <u>4:45 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Geo. W. Johnson D.O.</u>		23b. ADDRESS <u>Fredericktown, Mo.</u>	23c. DATE SIGNED <u>4-10-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 12, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Christina cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fredericktown, Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-12-51</u>	REGISTRAR'S SIGNATURE <u>Florence Hicks</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WEBB-ADAMSON - Fredericktown, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1621

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 451-25

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

Melvin Miller

Licensed Embalmer No. 4407

P. O. Address FREDERICKTOWN, 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.