

FILED JUL 5 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21080**BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **121**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give town) ST. CHARLES		c. CITY (If outside corporate limits, write RURAL and give township) St. Charles	
c. LENGTH OF STAY (in this place) 10 months		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION MADGE Hardin Home			

3. NAME OF DECEASED (Type or Print) a. (First) Madge b. (Middle) _____ c. (Last) Muschany,			4. DATE OF DEATH (Month) (Day) (Year) 6-22-51	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 26--1866	9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months 4 Days 25 IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		10b. KIND OF BUSINESS OR INDUSTRY Nurseing		11. BIRTHPLACE (State or foreign country) St. Charles Co Missouri
				12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Ignatz Muschany	13b. MOTHER'S MAIDEN NAME Martha Miller	14. NAME OF HUSBAND OR WIFE _____
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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 Claude Muschany ADDRESS St. Charles Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart Disease			5 yrs.
	DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **10-31, 1947**, to **6-22, 1957**, that I last saw the deceased alive on **6-22, 1957**, and that death occurred at **5:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Edw. Lawrence (Degree or title) _____	23b. ADDRESS 214 N. Main St. Charles Mo. 23 June 51	23c. DATE SIGNED _____
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 6-24-51	24c. NAME OF CEMETERY OR CREMATORY Miller Cem	24d. LOCATION (City, town, or county) (State) St Charles Mo
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DATE REC'D BY LOCAL REG 6-22-51	REGISTRAR'S SIGNATURE Hannie	25. FUNERAL DIRECTOR'S SIGNATURE Hannie Muschany ADDRESS Wentzville Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

RECEIVED
JUL - 2 1951

USA || (Authorized to use)

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 *Harvard Kessler*

Licensed Embalmer No. *4631*

P. O. Address *Wentzville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply the above constitutes grounds for revocation of license.)

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