

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25978

FILED AUG 7 1951

BIRTH NO. _____ REG. DIST. NO. 36 ✓ PRIMARY REG. DIST. NO. 4531 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Warren Co		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 township) OR TOWN Warrenton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Foristell		1920	
d. FULL NAME OF HOSPITAL OR INSTITUTION WKatyia Janea Memorial Home		d. STREET ADDRESS (If rural, give location) /			

3. NAME OF DECEASED (Type or Print) a. (First) William Oscar			b. (Middle) Muschany			c. (Last) Muschany			4. DATE OF DEATH (Month) (Day) (Year) 7---20--51		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Sept. 20. 1885		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 10	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 Farming		11. BIRTHPLACE (State or foreign country) St. Charles Co, Mo			12. CITIZEN OF WHAT COUNTRY? U.S.A		

13a. FATHER'S NAME John Muschany			13b. MOTHER'S MAIDEN NAME Margaret Schneider			14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Mrs Vernon Sutton			ADDRESS Foristell		

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>Pneumonia Hypostatic</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cordi vascular</u> DUE TO (c) <u>renal disease</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Hemorrhage</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/2X</u>						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) m.			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 July 7, 1951, to July 20, 1951, that I last saw the deceased alive on July 20, 1951, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold D. Hatcher, M.D.</u>		23b. ADDRESS Warrenton Mo		23c. DATE SIGNED 7-27-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7.22--51		24c. NAME OF CEMETERY OR CREMATORY Hamburg Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles Mo.	
DATE REC'D BY LOCAL REG. 7-27-51		REGISTRAR'S SIGNATURE Floyd Logan		25. FUNERAL DIRECTOR'S SIGNATURE Morris Muschany		ADDRESS Wentzville Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

090
4

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUL 30 1951

RECEIVED

JUL 19 1951

AUG 16 1951

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 Howard O. Krueger

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.