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

BIRTH NO. _____		REG. DIST. NO. <u>248</u>		PRIMARY REG. DIST. NO. <u>4364</u>		Registrar's No. <u>27</u>				
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stella</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Powell</u>		0700				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cardwell</u>				d. STREET ADDRESS (If rural, give location)						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Shirley</u> b. (Middle) <u>Jo.</u> c. (Last) <u>Mustain</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20</u> <u>51</u> (Year)							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N.M.</u>		8. DATE OF BIRTH <u>Feb. 10-1944</u>				
				9. AGE (In years last birthday) <u>7</u> IF UNDER 1 YEAR (Months) <u>9</u> IF UNDER 1 HR. (Hours) <u>10</u> (Min.)						
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Cyclone</u>				
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			13a. FATHER'S NAME <u>Harmon Mustain</u>		13b. MOTHER'S MAIDEN NAME <u>Lucille Hines</u>		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) <u>NO</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Harmon Mustain Powell, Mo.</u>			ADDRESS		
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2</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>E 8240</u> <u>33</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) (Min.)		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>11-20-</u> , 19 <u>51</u> , to <u>11-20-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-20-</u> , 19 <u>51</u> , and that death occurred at <u>10:30</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Cardwell</u>				23b. ADDRESS <u>Stella Mo</u>		23c. DATE SIGNED <u>11-26-51</u>				
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)		24b. DATE <u>11-23-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stella, Mo.</u>				
DATE RECD BY LOCAL REG. <u>11-28-1951</u>		REGISTRAR'S SIGNATURE <u>Alpha Dyer 364</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>R.M Humphrey Pineville, Mo.</u>				ADDRESS	

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No.

District File Number 2251-~~278~~ 380

Date Filed DEC 4 1951

NEOSHO, MISSOURI

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 \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. ....

P. O. Address \_\_\_\_\_

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.