

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23001**

BIRTH NO. **42425** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **1781**  
**FILED JUL 5 1952**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>	
c. LENGTH OF STAY (In this place) <b>95 days</b>		d. STREET ADDRESS (If rural, give location) <b>1114 Tremont</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Phyllis</b> b. (Middle) <b>Ann</b> c. (Last) <b>Mustain</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 29, 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	
8. DATE OF BIRTH <b>July 23, 1951</b>		9. AGE (In years last birthday) <b>11</b>		10. IF UNDER 1 YEAR Days <b>11</b> IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Poplar Bluff, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Russell L. Mustain</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E. Noel</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Russell Mustain, Poplar Bluff, Mo.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hydrocephalus - Congenital</b>			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Friedlander Meningitis</b> DUE TO (c) <b>Cerebral Damage</b>			
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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 **March 7, 1952** to **June 29, 1952**, that I last saw the deceased alive on **June 29, 1952**, and that death occurred at **6 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>med.</b>		23b. ADDRESS <b>6420 Clanton Rd</b>		23c. DATE SIGNED <b>6-29-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-30-52</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Boonville, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>6-30-52</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Robert M. Murray

Signed.....  
Student Embalmer

Licensed Embalmer No. 37490

P. O. Address St Louis, 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.