S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24789

FILED JUL 22 1952

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 55-72 Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LITTLE BLUE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JACKSON CO. EMERGENCY HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): INDEPENDENCE
d. STREET ADDRESS (If rural, give location): 1120 ASH

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): A.
c. (Last): Muzzey

4. DATE OF DEATH (Month) (Day) (Year): JUNE 26 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: JAN. 8, 1862
9. AGE (In years last birthday): 90 — If under 1 year: Months: 5 Days: 20 — If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY: HOUSE
11. BIRTHPLACE (City and State or Foreign Country): SPRINGFIELD, MAINE
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: FRANK R. MUZZEY
13b. MOTHER'S MAIDEN NAME: LUCILLA LINDSEY
14. NAME OF HUSBAND OR WIFE: NONE

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.: NO
17. INFORMANT'S SIGNATURE OR NAME: LOUIS E. MUZZEY — ADDRESS: INDEP., MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fracture femur left — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Senility with dementia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: E9037 20

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 120
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Jackson Co. Hospital
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 24 52 8:05 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell while walking

22. *I hereby certify that I attended the deceased from* 6-20, 1952, *to* 6-28, 1952, *that I last saw the deceased alive on* 6-27, 1952, *and that death occurred at* 8:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Thos C. Blumenschein
(Degree or title): M.D.
23b. ADDRESS: Independence, Mo.
23c. DATE SIGNED: 29 June 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-30-52
24c. NAME OF CEMETERY OR CREMATORY: OLD BRUNSWICK CEM.
24d. LOCATION (City, town, or county) (State): BRUNSWICK, MO.

DATE REC'D BY LOCAL REG.: 6/29/52
REGISTRAR'S SIGNATURE: Donald C. Earnshaw 378-11
25. FUNERAL DIRECTOR'S SIGNATURE: GEORGE C. CARSON — ADDRESS: INDEP., MO

(Licensed Embalmer's Statement on Reverse Side)

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 Richard R. Francis

Licensed Embalmer No. 4863

P. O. Address Jackson, 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.