

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. .... REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6138 Registrar's No. 34

1. PLACE OF DEATH  
a. COUNTY Shelby  
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural - Bethel Twp.  
c. LENGTH OF STAY (In this place) .....  
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 Mile South of Bethel, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri  
b. COUNTY Shelby  
c. CITY (If outside corporate limits, write RURAL and give township) Bethel  
d. STREET ADDRESS (If rural, give location) 1020

3. NAME OF DECEASED (Type or Print)  
a. (First) Harold b. (Middle) Kosciusko c. (Last) Musgrove

4. DATE OF DEATH (Month) (Day) (Year)  
March 27, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 28, 1924

9. AGE (In years last birthday) 28  
IF UNDER 1 YEAR: Months Days  
IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Quarry Superintendent - Rock Quarry

10b. KIND OF BUSINESS OR INDUSTRY Rock Quarry

11. BIRTHPLACE (State or foreign country) Stoutsville, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Claude Musgrove

13b. MOTHER'S MAIDEN NAME Mabel Allen

14. NAME OF SPOUSE OR WIFE Mrs. Audrey Musgrove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II

16. SOCIAL SECURITY NO. 488-24-7883

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Claude Musgrove, Bethel, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Head injuries caused by wreck of lumber truck on Hwy #15  
ANTECEDENT CAUSES  
Morbidity 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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) SHOCK WRECK

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on Hwy #15

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
Bethel, Shelby, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 27 1953 A.M.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Lossing control of truck.

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E.P. Threlkeld, Sheriff, or beting

23b. ADDRESS Shelbyville

23c. DATE SIGNED 3-30-1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/31/1953

24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery

24d. LOCATION (City, town, or county) (State) Shelby County, Mo.

DATE REC'D BY LOCAL REG. 3-31-53

REGISTRAR'S SIGNATURE Ada Garrison

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E Hayes Shelbina, Mo.

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

020  
3

~~This is to Certify that this is a true copy of the original Death Certificate of Harold K. Musgrove, Bethel, Missouri.~~

APR 14 1959

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**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 Paul E. Hayes.....

Licensed Embalmer No. 4461

P. O. Address S. Bellina, 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.