

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29503

State File No. \_\_\_\_\_

FILED AUG 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5905 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Louisiana</u> b. COUNTY <u>West Coreal</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Godair</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Oak Grove</u>	
c. LENGTH OF STAY (in this place) <u>6mo</u>		d. STREET ADDRESS <u>2 1/2 Miles S. of Hayward</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Harve</u> c. (Last) <u>Musgrave</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 18, 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct. 13, 1891</u>		9. AGE (In years) (Months) (Days) <u>61 9 5</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Benton, Illinois</u>	

13a. FATHER'S NAME <u>John Wesley Musgrave</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Chaplin</u>		14. NAME OF HUSBAND OR WIFE <u>Alma Musgrave</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alma Musgrave, Box 326, Portageville, Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown to medical attention</u>		
	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 type="checkbox"/> NO <input checked="" 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) <u>Godair Pemiscot, Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-18-53</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>found dead in bed</u>

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 <u>John W Herman</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Hayti, Mo</u>	23c. DATE SIGNED <u>7-18-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-20-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Clarkton, Mo.</u>

DATE REC'D BY LOCAL REG. <u>8-21-53</u>	REGISTRAR'S SIGNATURE <u>John W Herman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DeLisle Funeral Parlor, Portageville, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

780  
1

8-280-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

AUG 28 1953

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 L. H. Hedgepeth

Licensed Embalmer No. 3803

P. O. Address New Madrid 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.