

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35193

FILED OCT 26 1953

State File No.

BIRTH NO.

REG. DIST. NO. 47

PRIMARY REG. DIST. NO. 3008

Registrar's No. 339

1. PLACE OF DEATH a. COUNTY <u>Calloway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> c. CITY OR TOWN <u>Palmyra</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
b. CITY OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>49 days</u>		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>State Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) <u>May</u> c. (Last) <u>Musick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 19 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Jan 20, 1881</u>	
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	11. BIRTHPLACE (Give name of State or Foreign Country) <u>Hector, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>B.C. Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Linney</u>		14. NAME OF HUSBAND OR WIFE <u>Collie Musick</u>	
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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Russell Musick, Taylor 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral insult</u> 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 <u>4 yrs</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) <u>334 X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>Oct 18, 1953</u> , to <u>Oct 19, 1953</u> , that I last saw the deceased alive on <u>Oct 18, 1953</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>J.R. Hunter</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>State Hospital Fulton Mo</u>		23c. DATE SIGNED <u>10/19/53</u>
24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>Removal</u>		24b. DATE <u>10-22-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia MO</u>
DATE REC'D BY LOCAL REG. <u>Oct 22-1953</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> 426-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. O. Roberts Columbia MO</u>	

(Licensed Embalmer's Sealment 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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.