

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42227

FILED DEC 23 1953

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4057 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN <u>Gulin</u>		c. CITY OR TOWN <u>Gideon</u>	
c. LENGTH OF STAY (in this place) <u>2 Yrs.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence</u> b. (Middle) <u>Hobert</u> c. (Last) <u>MUSGRAVE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 13 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>May 6 1890</u>		9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Laborer</u>	
11. BIRTHPLACE (State or foreign country) <u>Macdonia, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknwn</u>		14. NAME OF HUSBAND OR WIFE <u>Unmarried</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>497-09-0347</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence L. MUSGRAVE Jr, St. Louis Mo.</u> ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Seven days</u>
		ANTECEDENT CAUSES Morbid 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.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1490X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>about 7:11 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

I hereby certify that I attended the deceased from Dec. 7, 1953, to Dec. 13, 1953, that I last saw the deceased alive on Dec. 7, 1953, and that death occurred at 2 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Gideon Mo.</u>		23c. DATE SIGNED <u>Dec. 14/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-15-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>	
24d. LOCATION (City, town, or county) <u>Near Clarkton, Mo.</u>		24e. (State) <u>Mo.</u>		24f. <u>Dec. 14/53</u>	

DATE RECD BY LOCAL REG. <u>12/18/53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>487-d Lloyd W. Russell, Piquette, Ark.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

DEC 21 1953

BUTLER CO. HEALTH CENTER

FILE No. _____

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 me

working under my personal supervision.

Student Embalmer No.

Signed Lloyd M. Russee

Signed.....
Student Embalmer

Licensed Embalmer No. 509- Ark

P. O. Address Diggott, Ark

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.

[Handwritten signature/initials]