

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3726

State File No. ....

FILED JAN 19 1954

BIRTH NO. _____		REG. DIST. NO. <u>356</u>		PRIMARY REG. DIST. NO. <u>6206</u>		Registrar's No. <u>2</u>		
1. PLACE OF DEATH a. COUNTY <u>Texas 1070</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Raymondville</u> c. LENGTH OF STAY (In this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Raymondville, Mo.</u> d. STREET ADDRESS (If rural, give location) <u>1070</u>				
3. NAME OF DECEASED (Type or Print) <u>KATHERINE</u> a. (First) _____ b. (Middle) _____ c. (Last) <u>MUSGROVE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 7 1954</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Mar. 21 1904</u>		
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 21 SEES. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Raymondville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charley Brashear</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Harey</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Clyde</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Clyde Musgrove</u> ADDRESS <u>Raymondville</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Hemorrhage</u> ANTECEDENT CAUSES <u>Severe</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive arteriosclerotic</u> <u>Decompensative Heart disease</u> DUE TO (c) <u>Diabetes mellitus</u> <u>44.3 X B</u> <u>(4) Tumor - (3) Cardiovascular</u>					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>renal disease (1) Cholelithiasis</u>		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) _____				
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>Aug 12, 1949</u> , to <u>Jan 7, 1954</u> , that I last saw the deceased alive on <u>Jan 7, 1954</u> , and that death occurred at <u>8 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>O. J. Burns, MD</u>				23b. ADDRESS <u>Houston, MO.</u>		23c. DATE SIGNED <u>1/10/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-10-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Texas Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-13-54</u>		REGISTRAR'S SIGNATURE <u>Myrtie Craig - 327</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Elliott Funeral Home</u> ADDRESS <u>Houston, Mo.</u>				

(Licensed Embalmer's Statement 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 .....  
Student Embalmer

Signed Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, Tex.

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.