

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED MAY 11 1954

State File No. **14589**

|   |   |  |   |  |  |  |  |
|---|---|--|---|--|--|--|--|
| BIRTH NO. _____   |   | REG. DIST. NO. <b>324</b>  |   | PRIMARY REG. DIST. NO. <b>3872</b>   |  | Registrar's No. <b>73</b>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Saline</b>  |   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b> |  |  |  |
| b. CITY OR TOWN <b>Marshall</b>   |   | c. LENGTH OF STAY (in this place) <b>4 days</b>  |   | c. CITY OR TOWN <b>Marshall</b>  |  | d. STREET ADDRESS (If rural, give location) <b>223 East Eastwood</b>               |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fitzgibbon Hospital</b>  |   |  |   | d. STREET ADDRESS (If rural, give location) <b>223 East Eastwood</b>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Verda</b> b. (Middle) <b>Norman</b> c. (Last) <b>Musgraves</b>   |   |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>May 1st, 1954.</b>                       |  |  |  |  |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>                                  | 8. DATE OF BIRTH <b>July 26th, 1902</b>   |  | 9. AGE (In years last birthday) <b>51</b>                              | IF UNDER 1 YEAR Months <b>9</b> Days <b>5</b>                                      | IF UNDER 24 HRS. Hour <b></b> Min. <b></b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>  | 11. BIRTHPLACE (State or foreign country) <b>Thayer, Missouri</b>                 |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>                             |  |  |
| 13a. FATHER'S NAME <b>John Norman</b>   |   | 13b. MOTHER'S MAIDEN NAME <b>Kate Fowler</b>   |   | 14. NAME OF HUSBAND OR WIFE <b>Emanuel Musgraves</b>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b> (If yes, give war or date of service)  |   | 16. SOCIAL SECURITY NO. <b>None</b>  | 17. INFORMANT'S SIGNATURE OR NAME <b>Emanuel Musgraves, Marshall, Mo.</b> ADDRESS |  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>                     | <b>MEDICAL CERTIFICATION</b><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Embolus</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>It is a thrombosis</b><br>DUE TO (c) <b>Chronic Heart Disease, Coronary Arteriosclerosis</b> |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 days</b><br><b>2 yrs</b><br><b>16 yrs</b> |  |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION <b>4/10 X</b>  |  |   |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)  |   | 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 <b>June 8, 1953</b> , to <b>May 1, 1954</b> , that I last saw the deceased alive on <b>May 1, 1954</b> , and that death occurred at <b>8:30 p.m.</b> , from the causes and on the date stated above. |   |  |   |  |  |  |  |
| 23a. SIGNATURE <b>Marion E. Roehrs M.D.</b> (Degree or title)   |   |  |   | 23b. ADDRESS <b>Marshall, Missouri</b>   |  | 23c. DATE SIGNED <b>May 2, 1954</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  |   | 24b. DATE <b>May 4th 1954</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>Memorial cemetery</b>                       |  | 24d. LOCATION (City, town, or county) (State) <b>Advance, Missouri</b> |  |  |
| DATE REC'D BY LOCAL REG. <b>5-3-54</b>  |   | REGISTRAR'S SIGNATURE <b>Sidney J. Gray</b> <b>385</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE <b>CAMPBELL-LEWIS-MARSHALL-MO</b> ADDRESS   |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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.....

*R. W. Campbell Jr.*

Licensed Embalmer No. ....

*3469*

P. O. Address.....

*Marshall, N.C.*

**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.