

FILED AUG 13 1954

STANDARD CERTIFICATE OF DEATH

State File No. 23712

BIRTH NO. REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 21-54

06660

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tuscumbia, Missouri		c. CITY OR TOWN Iberia	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 hrs		e. STREET ADDRESS (If rural, give location) 0666	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Humphreys Hospital			

3. NAME OF DECEASED (Type or Print) John Henry Musick			4. DATE OF DEATH Aug. 2, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 21, 1882		9. AGE (in years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail carrier	
11. BIRTHPLACE (City and State or Foreign Country) Miller County		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME James V. Musick		13b. MOTHER'S MAIDEN NAME Mary Sidwell		14. NAME OF HUSBAND OR WIFE Ollie Musick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ollie Musick Iberia, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		DUE TO (b) Coronary Sclerosis		14 hrs.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		years.	
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)		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 1940 to Aug 2, 1954, that I last saw the deceased alive on Aug 2, 1954, and that death occurred at 10:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE W.M.A. Gould D.O. ₂		23b. ADDRESS Iberia, Mo.		23c. DATE SIGNED 8/4/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/5/54		24c. NAME OF CEMETERY OR CREMATORY Iberia	
				24d. LOCATION (City, town, or county) (State) Iberia Mo.	

DATE REC'D BY LOCAL REG. aug 5-1954		REGISTRAR'S SIGNATURE Mrs. Richard L. Wright		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
				Wedges Funeral Homes Inc Iberia, Mo	

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

RECEIVED

AUG 12 1954

WILLER COUNTY HEALTH
DEPARTMENT

Aug 12 1954

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.....
Walter P. Hedy

Licensed Embalmer No. 420

P. O. Address *Hena*

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.