

34696

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Risco, rural, Como</u> | | c. CITY OR TOWN <u>Risco</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>15 yrs</u> | | e. STREET ADDRESS (If rural, give location) <u>Como Township</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, Risco, Missouri</u> | | | |

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|-------------------------------------|---------------------------|--------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>William</u> | b. (Middle) <u>Allen</u> | c. (Last) <u>Mustain</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 4, 1954</u> |
|-------------------------------------|---------------------------|--------------------------|--------------------------|--|

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|--------------------|-------------------------------|--|---|---|---------------------------------|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>April 14, 1884</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months <u>5</u> | IF UNDER 24 HRS. Days <u>20</u> Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Thayer, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>Orvil Mustain</u> | 13b. MOTHER'S MAIDEN NAME <u>Frances E. Robinson</u> | 14. NAME OF HUSBAND OR WIFE <u>Margaret Ann Mustain</u> |
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| 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>499-20-8081</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Odell Mustain</u> | ADDRESS <u>Risco, Mo.</u> |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Retinopathy, Arteriosclerosis, Diabetes Mellitus</u> DUE TO (c) <u>Obesity</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Oct 4, 1954, and that death occurred at 11:25 P.M., from the causes and on the date stated above.

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|--|-------------------------------|------------------------------------|------------------|
| 23a. SIGNATURE <u>Walter M. Groom</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Walden, Mo.</u> | 23c. DATE SIGNED |
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| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10-7-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Brownie Chapel Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Peach Orchard, Ark.</u> |
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| DATE REC'D BY LOCAL REG. <u>NOV 3 1954</u> | REGISTRAR'S SIGNATURE <u>Walter M. Groom</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell-Ermert</u> | ADDRESS <u>Corning, Ark.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

FILED NOV 1 - 1954

No. 300
10-48

0720

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--- Student Embalmer No. --- working under my personal supervision..

Student -----
Signature of Student Embalmer

Signed Leslie D. Russell

Licensed Embalmer No. 3855-M

P. O. Address Corning, Ar

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.