

FILED JUL 8 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 18389

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Arizona b. COUNTY Maricopa	
b. CITY (If outside corporate limits, write RURAL and give town) Trenton	c. LENGTH OF STAY (in this place) 3 min	c. CITY OR TOWN Phoenix	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Wright Memorial Hospital		e. STREET ADDRESS (If rural, give location) 632 N. 3rd, Ave. -80208	

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) MUSE c. (Last) MUSE			4. DATE OF DEATH (Month) (Day) (Year) July 4, 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Oct. 9, 1883	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil service		10b. KIND OF BUSINESS OR INDUSTRY U.S. Dept. Agr.	11. BIRTHPLACE (City and State or Foreign Country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Watson Muse	13b. MOTHER'S MAIDEN NAME Jane Shaner	14. NAME OF HUSBAND OR WIFE Victor E. Muse
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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) W.W.I.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE, OR NAME AND ADDRESS Victor E. Muse 3324 Rodney Lane Jacksonville, Fla.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 hour
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 4201 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"/>
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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)	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 July 4th 1955, to July 4th 1955, that I last saw the deceased alive on July 4th 1955, and that death occurred at 3:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE Oliver F. Duffy M.D.	23b. ADDRESS Trenton Mo	23. DATE SIGNED July 5 th 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 7, 1955	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) Cheyenne, Wyoming
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DATE REC'D BY LOCAL REG. 7-6-55	REGISTRAR'S SIGNATURE Gene Fair	25. FUNERAL DIRECTOR'S SIGNATURE Donald H. Slater	ADDRESS Trenton, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 18 1955

JUL 8 1955

AUG 29 1955

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..... Donald H. Slater

Licensed Embalmer No. 4467

P. O. Address Trenton, Mo

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.