

X
No. 300
10-48

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37519**

BIRTH NO. _____ REG. DIST. NO. **210** PRIMARY REG. DIST. NO. **5773** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) Princeton, Mo.		c. LENGTH OF STAY (In this place) Life	
c. CITY OR TOWN Newtown, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0650	

3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) Irene c. (Last) Musgrave			4. DATE OF DEATH (Month) (Day) (Year) Nov. 20-1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 6, 1907		9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mercer Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Charles Widner		13b. MOTHER'S MAIDEN NAME Laura Bryan		14. NAME OF HUSBAND OR WIFE Johnny Musgrave	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Johnny Musgrave Newtown, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed skull		INTERVAL BETWEEN ONSET AND DEATH Instant	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auto accident			
II. OTHER SIGNIFICANT CONDITIONS Fracture left radius and ulna, fracture both tibiae, both fibulae; fractured jaw Conditions contributing to the death but not related to the disease or condition causing death.			

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Morgan Mercer Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 20 55 1:45		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Head on collision with another car	

22. I hereby certify that I attended the deceased from never about 19, to never, 19 , that I ~~last~~ saw the deceased alive on , 19 , and that death occurred at 1:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Frank H. Zolner</i>		23b. ADDRESS Princeton, Missouri		23c. DATE SIGNED 11-21-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-22-55		24c. NAME OF CEMETERY OR CREMATORY Ravanna Ceme.	
24d. LOCATION (City, town, or county) (State) Mercer Co., Mo.					

DATE REC'D BY LOCAL REG. 11-22-55		REGISTRAR'S SIGNATURE <i>Hall</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Martin</i>	
		393		ADDRESS Martin Funeral Home Princeton, Mo.	

(Licensed Embalmer's Statement on Reverse Side) *Don Martin*

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

DEC 29 1956

FEB 21 1956

APR 3 1956

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.....
Ivan Martin

Licensed Embalmer No. 376

P. O. Address *Princeton*

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.