

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8946

State File No.

FILED APR 2 - 1956

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>	
c. LENGTH OF STAY (In this place) <u>80 yrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>res</u>		d. STREET ADDRESS (If rural, give location) <u>W. Cleveland Ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ALFRED</u>	b. (Middle) <u>EPHRIAM</u>	c. (Last) <u>MUSTION</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 22, 1956</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>never married</u>	8. DATE OF BIRTH <u>Dec. 2, 1874</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer, retired & keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>City Scale</u>	11. BIRTHPLACE (State or foreign country) <u>Howell County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Pony Mustion</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Langston</u>	14. NAME OF HUSBAND OR WIFE <u>none</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>486-24-4027</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs J.P. Thompson, West Plains, Mo.</u>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DIS.</u> DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>VIRAL PNEUMONIA</u> <u>RECOVERY</u>		<u>10 days.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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) (m.)	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 MAR 17, 1956, to MAR 22, 1956, that I last saw the deceased alive on MAR 22, 1956, and that death occurred at 6: 30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack N. Wales, M.D.</u>	(Degree or title) / 23b. ADDRESS <u>West Plains, Mo.</u>	23c. DATE SIGNED <u>3-26-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Mar. 25, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-28-56</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook Neal</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Neal</u>	ADDRESS <u>West Plains, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

379

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 Hal Thibault

Licensed Embalmer No. 3408

P. O. Address W. Plains, 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 this body is not embalmed, fact should be so stated above.