

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14212

|                                                                                                                                                                                                                                                            |  |                                                                                                                                                                          |  |                                                                                                                                      |  |                                                                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                            |  | REG. DIST. NO. <u>274</u>                                                                                                                                                |  | PRIMARY REG. DIST. NO. <u>5936</u>                                                                                                   |  | Registrar's No. <u>204</u>                                                                                                        |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pettis</u>                                                                                                                                                                                                               |  |                                                                                                                                                                          |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Pettis</u> |  |                                                                                                                                   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Smithton, Rural Smithton</u>                                                                                                                                                    |  | c. LENGTH OF STAY (in this place)<br><u>5 yrs</u>                                                                                                                        |  | c. CITY OR TOWN <u>Smithton, R. #1</u>                                                                                               |  | 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 <u>at home - R. #1 N. City limits</u>                                                                                                                                                                              |  |                                                                                                                                                                          |  | e. STREET ADDRESS (If rural, give location) <u>N. City Limits 0800</u>                                                               |  |                                                                                                                                   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>CLAUDE</u>                                                                                                                                                                                         |  | b. (Middle) <u>MERTON</u>                                                                                                                                                |  | c. (Last) <u>MUSE</u>                                                                                                                |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>April 27, 1956</u>                                                                    |  |
| 5. SEX <u>Male</u>                                                                                                                                                                                                                                         |  | 6. COLOR OR RACE <u>White</u>                                                                                                                                            |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>                                                             |  | 8. DATE OF BIRTH<br><u>Nov. 2, 1879</u>                                                                                           |  |
| 9. AGE (In years last birthday) <u>76</u>                                                                                                                                                                                                                  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Carpenter &amp; Farmer</u>                                              |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Carpenter &amp; Farmer</u>                                                                   |  | 9. AGE (In years last birthday) <u>76</u>                                                                                         |  |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Fortescue, Missouri</u>                                                                                                                                                                           |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                                                                                                            |  | 13a. FATHER'S NAME<br><u>John Muse</u>                                                                                               |  | 13b. MOTHER'S MAIDEN NAME<br><u>not known</u>                                                                                     |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>Emma Muse</u>                                                                                                                                                                                                            |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>                                                    |  | 16. SOCIAL SECURITY NO.<br><u>494-12-7612</u>                                                                                        |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. Emma Muse, Smithton Mo.</u>                                                          |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <u>Coronary Occlusion Acute</u>                                                                                   |  |                                                                                                                                      |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Immediate</u>                                                                              |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                                                                                                        |  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |                                                                                                                                      |  |                                                                                                                                   |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                     |  | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                         |  |                                                                                                                                      |  | 20. AUTOPSY?<br>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)<br><u>4201</u>                                                                       |  |                                                                                                                                   |  |
| 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 <u>Nov. 1951</u> , to <u>April 1956</u> , that I last saw the deceased alive on <u>April 1, 1956</u> , and that death occurred at <u>11:00 P.M.</u> , from the causes and on the date stated above. |  |                                                                                                                                                                          |  |                                                                                                                                      |  |                                                                                                                                   |  |
| 23a. SIGNATURE <u>P. V. Siegel MD</u> (Degree or title)                                                                                                                                                                                                    |  |                                                                                                                                                                          |  | 23b. ADDRESS <u>Smithton Mo</u>                                                                                                      |  |                                                                                                                                   |  |
| 23c. DATE SIGNED <u>4-30-56</u>                                                                                                                                                                                                                            |  |                                                                                                                                                                          |  |                                                                                                                                      |  |                                                                                                                                   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)                                                                                                                                                                                                                  |  | 24b. DATE <u>May 1, 1956</u>                                                                                                                                             |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Smithton Cem.</u>                                                                              |  | 24d. LOCATION (City, town, or county) (State)<br><u>Smithton, Pettis, Mo</u>                                                      |  |
| DATE REC'D BY LOCAL REG.                                                                                                                                                                                                                                   |  | REGISTRAR'S SIGNATURE<br><u>E. S. St. John</u>                                                                                                                           |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>A. F. Neumeyer</u> ADDRESS <u>Smithton Mo</u>                                                 |  |                                                                                                                                   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 24 1956

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### 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..... *A. F. Neumeyer*

Licensed Embalmer No. *321*

P. O. Address *Smithton*

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.