

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

20035

State File No. _____

FILED JUN 27 1956

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>4165</u>		Registrar's No. <u>70</u>	
I. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Daviess</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Daviess</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Gallatin</u>		c. LENGTH OF STAY (In this place) <u>2 Yrs 4</u>		c. CITY OR TOWN <u>Gallatin</u>		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 <u>Cox Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>---</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Cyrus</u>		b. (Middle) <u>---</u>		c. (Last) <u>Musselman</u>		a. (Month) <u>June</u> (Day) <u>19</u> (Year) <u>1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 8, 1862</u>	
9. AGE (In years last birthday) <u>94</u>		10. 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>Farm Owner</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Daviess Co., Missouri</u>	
13a. FATHER'S NAME <u>Amos Musselman</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Drummond</u>		14. NAME OF HUSBAND OR WIFE <u>Mary R. Musselman (Dec'd)</u>			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bud Keane</u> ADDRESS <u>Jefferson City, Mo.</u>			
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	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio vascular renal disease</u>				<u>3 yrs</u>	
		ANTECEDENT CAUSES <u>Chronic nephritis, enlargement heart</u>				<u>2 yrs</u>	
		DUE TO (b) <u>arteriosclerosis</u>				<u>5 yrs</u>	
		DUE TO (c) <u>Hypertrophy of prostate & pyelitis</u>				<u>1 1/2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY <u>442X</u> YES <input type="checkbox"/> NO <input 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)			
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?			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>55</u> , to <u>June 19</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>June 19</u> , 19 <u>56</u> , and that death occurred at <u>7:30P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Herb Bailey</u> (Degree or title) <u>Dr</u>				23b. ADDRESS <u>Gallatin Mo</u>		23c. DATE SIGNED <u>6/21/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-21-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Daviess Co., Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-23-56</u>		REGISTRAR'S SIGNATURE <u>Wesley M. Engelhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u> ADDRESS <u>Gallatin, Mo.</u>			

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

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 *L. O. Dickerson*

Licensed Embalmer No. *334*

P. O. Address *Ballston*

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.