

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31424**

FILED SEP 19 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a-STATE <u>CALIFORNIA</u> b. COUNTY <u>LOS ANGELES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ELDON</u>		c. CITY OR TOWN <u>Los ANGELES</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>15 DAYS</u>		e. STREET ADDRESS (If rural, give location) <u>1116 W. 76<sup>th</sup></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAYME</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>MUSICK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 13 1956</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. 25, 1883</u>	9. AGE (In years last birthday) <u>72</u>	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) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>High Point, MONTEAUG, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>CHARLES F. LAWBAUGH</u>		13b. MOTHER'S MAIDEN NAME <u>ELEANOR POUNTAIN</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES OSCAR MUSICK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME - ADDRESS <u>JAMES OSCAR MUSICK</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic heart disease</u>			<u>10 yrs.</u>	
		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"/>	
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) <u>Eldon Miller, Mo.</u>		
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 Sept. 7, 1956, to 9/13/56, 1956, that I last saw the deceased alive on 9/12/56, 1956, and that death occurred at 12:15 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>James R. Allan, M.D.</u> (Degree or title)		23b. ADDRESS <u>311 E 3rd Eldon, Mo.</u>		23c. DATE SIGNED <u>9/14/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT. 21, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>INGRAHAM PARK CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>LOS ANGELES CALIFORNIA</u>		DATE REC'D BY LOCAL REG. <u>Sept. 15, 1956</u>		REGISTRAR'S SIGNATURE <u>Eileen Walthers</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>James A. Phillips</u>		ADDRESS <u>Eldon</u>			

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

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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 *Louis D. Sullivan*

Licensed Embalmer No. *266*

P. O. Address *Keldau*

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.