

No. 300
10.48

FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41170**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **1181**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death) a. STATE MO b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY OR TOWN NORWOOD	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 WEEKS		e. STREET ADDRESS (If rural, give location) WOOD TOWNSHIP RT. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION BAPTIST Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) DELBERT (Middle) QUINN (Last) MUSGROVE		4. DATE OF DEATH (Month) (Day) (Year) DEC. 28 1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3/26/1898
9. AGE (In years) last birthday 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POSTAL INSPECTOR	11. BIRTHPLACE (City and State or Foreign Country) KANE, ILL.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. MOTHER'S MAIDEN NAME FLORA ADAMS	

13a. FATHER'S NAME JOHN MUSGROVE		14. NAME OF HUSBAND OR WIFE WILDA PHILLYSS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Wilda Phillyss Musgrove ADDRESS Norwood, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus, since shortly before death			
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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) (Minute)		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 **12-13, 1956** to **12-28, 1956**, that I last saw the deceased alive on **12-28, 1956**, and that death occurred at **12:00** m., from the causes and on the date stated above.

23a. SIGNATURE Gene W. Fashing and (Degree or title)		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 12-31-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 12-28-56		24c. NAME OF CEMETERY OR CREMATORY KANE	
24d. LOCATION (City, town, or county) (State) KANE ILL.					

DATE REC'D BY LOCAL REG. 1-2-57		REGISTRAR'S SIGNATURE Edna Williamson		25. FUNERAL DIRECTOR'S SIGNATURE Rvt Book ADDRESS Mtn. Grove	
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 14 1951

JAN 29 1951

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 *R.W. Boole*

Licensed Embalmer No. *354*

P. O. Address *Mt. Hope*

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.