

FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH24945  
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 285

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 806 N. Main		d. STREET ADDRESS (If outside, give location) 806 N. Main	
3. NAME OF DECEASED (Type or print) First Middle Last Frederick Thomas Mussell		4. DATE OF DEATH Month Day Year July 7-1957	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar-1-1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY Church	11. BIRTHPLACE (City and state or country) England
13a. FATHER'S NAME Frank Mussell		13b. MOTHER'S MAIDEN NAME Louisa Vincent	14. NAME OF HUSBAND OR WIFE Sarah Mussell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. John Blackmore - Indep. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease eular Disease Congestive Heart Failure PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None			INTERVAL BETWEEN ONSET AND DEATH Weeks 2 2 2
20a. ACCIDENT SUICIDE, HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4221	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 6, 1957, July 7, 1957 and last saw him alive on July 6, 1957. Death occurred at 6:15 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Chas. C. Goske, M.D.		22b. ADDRESS Independence, Mo.	
22c. DATE SIGNED 7/8/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 8-1957	
23c. NAME OF CEMETERY OR CREMATORY Glendale		23d. LOCATION (City, town, or county) (State) Des Moines Iowa	
24. FUNERAL DIRECTOR Roland A. Speaks - Indep. Mo.		25. DATE RECD. BY LOCAL REG. 7-8-57	
ADDRESS		26. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

*Poland B. Spear*  
.....  
Licensed Embalmer No. *3604*

P. O. Address *Indep*

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.