Health, Welfare ublic ervice

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021025
STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 681

1. PLACE OF DEATH a. COUNTY: Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: St. Joseph 0117 0 — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): D.O.A.Mo.Meth.Hosp. — Length of stay in 1b: most of life	d. STREET ADDRESS (If outside, give location): 601 Green St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ALFRED Middle Last MUSTER

4. DATE OF DEATH: Month Day Year June 25, 1958

5. SEX	6. COLOR OR RACE	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male 0	white		Jan. 1, 1893	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
Retired Auditor	Standard Oil Co.	Buchanan County, Mo. 0	USA

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Abraham Muster	Eva Sutter	Dolly

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 Address
no		491-10-3937	Mrs. Alfred Muster, 601 Green, St. Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Hemorrhag + Traumatic Shock at once

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Severing right internal cartid artery at once

DUE TO (c): + external carotid artery at once

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Slashed right side of throat

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [✓] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) With pocket knife 977X

20c. TIME OF INJURY: Hour 625 a.m. p.m. Month, Day, Year June 25 58

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [✓]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home

20f. CITY, TOWN, OR LOCATION: Saint Joseph COUNTY: Buchanan STATE: Mo

21. I attended the deceased from 6 to 6 and last saw her/him alive on

Death occurred at 7:20 am 6-23-58 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Corona S. E. Meeuwey MD. 3

22b. ADDRESS: 214 Kirkpatrick Bldg St Joseph 8 Mo

22c. DATE SIGNED: June 25 58

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
burial	6/27/1958	Mt. Auburn Cemetery	St. Joseph, Missouri

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Hector Bowman	St. Joseph, Mo.	June 27, 1958	Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 John V. Henick

Licensed Embalmer No. 4848

P. O. Address Kelly, Mo.

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.