

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033940

STATE FILE NUMBER

FILED OCT 7 1958

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 372

300  
1-57

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|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Francois</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>St. Francois Township</u>                    |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | c. CITY OR TOWN <u>Cape Girardeau</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                            |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Missouri State Hospt. No. 4 - Mo.</u> |  | Length of stay in 1b<br><u>9 days</u>   | d. STREET ADDRESS (If outside, give location)<br><u>Route 1</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>JAMES</u> Middle <u>MARSHALL</u> Last <u>MUSICK</u> |  |  | 4. DATE OF DEATH<br>Month <u>Sept.</u> Day <u>17</u> Year <u>1958</u> |  |  |
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|-----------------------|----------------------------------|---|---|--|--|--|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Sept. 28, 1893</u> | 9. AGE (In years last birthday)<br><u>64</u> | IF UNDER 1 YEAR<br>Months <u>11</u> Days <u>20</u> | IF UNDER 24 HRS.<br>Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Construction and Building Superintendent</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Webster Groves, Mo.</u> | 11. BIRTHPLACE (City and state or country)<br><u>U.S.A.</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
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| 13a. FATHER'S NAME<br><u>Charles W. Musick</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Belle Dawson</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Emma Thiele</u> |
|--|--|---|

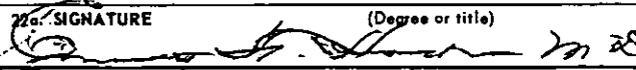
|  |   |  |         |
|--|---|--|---------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>492-10-4251</u> | 17. INFORMANT<br><u>Records, State Hospital No. 4, Farmington, Mo.</u> | Address |
|--|---|--|---------|

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Syphillitic meningo-encephalitis (general paresis)</u> |                              | INTERVAL BETWEEN ONSET AND DEATH<br><u>Unknown</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) _____             | (Adm. to this Hospt. 8-8-58)  |
|   | DUE TO (c) _____ <u>025X</u> |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                              | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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|---|--|--|---|-------------------|------------------|
| 20c. TIME OF INJURY<br>Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br><u>Farmington, Missouri</u> | COUNTY<br><u></u> | STATE<br><u></u> |
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| 21. I attended the deceased from <u>August 8, 1958</u> to <u>Sept. 17, 1958</u> and last saw <u>him</u> alive on <u>Sept. 17, 1958</u><br>Death occurred at <u>6:35 A. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |
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|   |                   |  |                                    |
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| 22a. SIGNATURE<br> | (Degree or title) | 22b. ADDRESS<br><u>State Hospital No. 4<br/>Farmington, Missouri</u> | 22c. DATE SIGNED<br><u>9-17-58</u> |
|---|-------------------|--|------------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>Sept. 19, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park</u> | 23d. LOCATION (City, town, or country)<br><u>Cape Girardeau, Mo.</u> | (State)<br><u></u> |
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| 24. FUNERAL DIRECTOR<br><u>Brinkopf-Howell Funeral Home,</u> | <u>Cape Girardeau, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>Sept. 17, 1958</u> | 26. REGISTRAR'S SIGNATURE<br> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Secondary cancer, when metastases only, standard nomenclature in item 18. No symptoms will be listed.

OCT 8 1958

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 *C. Hozyan* .....

Licensed Embalmer No. *4084* .....

P. O. Address *Farmington* .....

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.