

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017011

STATE FILE NUMBER

FILED JUN 9 1959

Registration District No.

53

Primary Registration District No.

0-0-0-0

Registrar's No.

198

300
1-57

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, give TOWNSHIP only) Gordonville Mo.		c. CITY OR TOWN Gordonville Mo.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Died in home		Length of stay in lb 0/6 0/0	
d. STREET ADDRESS none		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Henry Middle - Last Muster			4. DATE OF DEATH Month 5 Day 28 Year 59
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/12/1877
9. AGE (In years, Months, Days) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
11. BIRTHPLACE (City and state or country) Dutchtown Mo.		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Henry Muster		13b. MOTHER'S MAIDEN NAME Maria Ansler	
14. NAME OF HUSBAND OR WIFE Sophie Voss Muster		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. 499405983		17. INFORMANT Emil Muster Address Whitewater 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) Cerebral Hemorrhage DUE TO (b) High Blood Pressure DUE TO (c) Hemiplegia in R. Arm. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Nephritis			INTERVAL BETWEEN ONSET AND DEATH 6 days.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.) -		20c. TIME OF INJURY Hour - Month, Day, Year -	
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.) May 22-1959	
20f. CITY, TOWN, OR LOCATION May 28-1959 Cape Girardeau, Mo		COUNTY - STATE -	
21. I attended the deceased from Death occurred at 5:15 P.M.		and last saw him or her alive on May 28-1959 m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE W.W. Ford, M.D. (Degree or title)		22b. ADDRESS Gordonville, Mo.	
22c. DATE SIGNED June 1-1959		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 5/31/59		23c. NAME OF CEMETERY OR CREMATORY Zion Lutheran Church	
23d. LOCATION (City, town, or county) 5mi. S. Jackson		STATE Mo.	
24. FUNERAL DIRECTOR McCombs ADDRESS Jackson Mo.		25. DATE RECD. BY LOCAL REG. 6-1-1959	
26. REGISTRAR'S SIGNATURE Drene Kasten			

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 *B. W. Meyer*

Licensed Embalmer No. *3051*

P. O. Address *Jackson*

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.