URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 21 1959 295

NDED

Registration District No. _____ Primary Registration District No. 4443 Registrar's No. 28

59–033406
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Huntsville — Length of stay in 1b: 12 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Library Street — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Randolph
c. CITY OR TOWN: Huntsville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Library Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: William Middle: Edward Last: Music
4. DATE OF DEATH: Month: September Day: 12 Year: 1959
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5-18-1867
9. AGE (last birthday): 92
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (City and state or country): Randolph County, Missouri
12. CITIZEN OF WHAT COUNTRY: United States
13a. FATHER'S NAME: Elija Music
13b. MOTHER'S MAIDEN NAME: Elizabeth Dunn
14. NAME OF HUSBAND OR WIFE: Annie Music
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Callie Terrill: Address: 315 Wisdom Moberly, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteio Sclerosis — 20 yr
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 2, 1942, to Sept 11, 1959 and last saw ~~him~~ alive on 9/11/59
Death occurred at 6 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: D. V. Dreyer (Degree or title) MD
22b. ADDRESS: Huntsville Mo
22c. DATE SIGNED: 9/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 9-14-1959
23c. NAME OF CEMETERY OR CREMATORY: Huntsville Cemetery
23d. LOCATION (City, town, or county) (State): Huntsville, Missouri

24. FUNERAL DIRECTOR: Tom B Patton ADDRESS: Huntsville Mo
25. DATE RECD. BY LOCAL REG.: 9/15/1959
26. REGISTRAR'S SIGNATURE: Mary H. Bentley

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Tom P. Patton

Signature of Student Embalmer

Licensed Embalmer No 391 5

P. O. Address Huntsvil

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.