URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1959

59–039820

STATE FILE NUMBER

AMENDED

Registration District No. 139 Primary Registration District No. _____ Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY HOLT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MAITLAND
Length of stay in 1b: 9 MOS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY HOLT
c. CITY OR TOWN MAITLAND
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First VERNON Middle EDWARD Last MUSSER

4. DATE OF DEATH: Month NOV. Day 9 Year 1959

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9/8/1899

9. AGE (last birthday): 60

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): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (City and state or country): BOGARD, MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: RUSSIE GEORGE MUSSER

13b. MOTHER'S MAIDEN NAME: ANNA WILSON

14. NAME OF HUSBAND OR WIFE: VIRA MUSSER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 499-16-8801

17. INFORMANT: MRS. VIRA MUSSER Address: MAITLAND MO

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) Crushed Head in Corn picker – Shock — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) History of Cardiac Disease
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.) Unknown – Was alone in Corn field

20c. TIME OF INJURY Hour 3:00 a.m. p.m. Month, Day, Year 10 9 59

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.) Farm Corn field

20f. CITY, TOWN, OR LOCATION COUNTY Holt STATE MO

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 3:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. C. Sew (Degree or title) DO

22b. ADDRESS Maitland, Mo

22c. DATE SIGNED 11-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial

23b. DATE 11/12/1959

23c. NAME OF CEMETERY OR CREMATORY: COLOMA CEMETERY

23d. LOCATION (City, town, or county) (State): BOGARD, MISSOURI

24. FUNERAL DIRECTOR: ATCHISON FUNERAL HOME ADDRESS: MARYVILLE, MO

25. DATE RECD. BY LOCAL REG.: 11/10/1959

26. REGISTRAR'S SIGNATURE: James H. Crawford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JAN 28 1960

FEB 27 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James H Crawford

Licensed Embalmer No. 4796

P. O. Address Mound City

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