

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040251

FILED VS NOV 17 1959

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 5258 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>JACKSON</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>	a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b <u>20 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>539 GLADSTONE</u>		d. STREET ADDRESS (If outside, give location) <u>539 GLADSTONE</u>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>MAE</u>	Middle <u>L.</u>	Last <u>MUSICK</u>	Month <u>OCTOBER</u>	Day <u>31</u> Year <u>1959</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>CAUCASIAN</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 18 1890</u>	9. AGE (last birthday) <u>79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC PITTSFIELD ILLINOIS</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE SANDERSON</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN BAKER</u>		14. NAME OF HUSBAND OR WIFE <u>THOMAS C. MUSICK</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown); (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>EVERLYN MUSICK</u> Address <u>539 GLADSTONE</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial exhaustion - arrest INTERVAL BETWEEN ONSET AND DEATH Terminal

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic hypertensive & arterio-sclerotic heart disease over 6 yrs

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic + senile dementia

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) <u>none</u>
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year <u>none</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>
20f. CITY, TOWN, OR LOCATION <u>none</u>		COUNTY _____ STATE _____

21. I attended the deceased from 1953 to 10-31-59 and last saw her alive on 10-23-59. Death occurred at her home 1 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Harvey Jennett, M.D.</u>	22b. ADDRESS <u>1500 Professional Bldg Kansas City Mo</u>	22c. DATE SIGNED <u>11-1-59</u>
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23a. BURIAL, CREMATION, (REMOVAL Specify) <u>BURIAL</u>	23b. DATE <u>Nov 2, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ELDORADO SPRINGS MO Cem</u>	23d. LOCATION (City, town, or county) (State) <u>ELDORADO SPRINGS Mo.</u>
24. FUNERAL DIRECTOR <u>MUEHLEBACH</u> ADDRESS <u>6800 Troost</u>	25. DATE RECD. BY LOCAL REG. <u>11-2-59</u>	26. REGISTRAR'S SIGNATURE <u>neva minshall</u>	

DOCUMENT

MEDICAL CERTIFICATION

Harvey Jennett

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

R. E. Miller

Licensed Embalmer No. 4997

P. O. Address K. C. 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.