

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016254

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 71

AMENDED FILED APR 26 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH
 a. COUNTY Wernon
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada Length of stay in 1b 20yr
 c. FULL NAME OF HOSPITAL OR INSTITUTION Nevada City Hosp. Inside Limits Yes No

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

3. NAME OF DECEASED (Type or print) First Middle Last
THOMAS CALHOUN MASIEK
 4. DATE OF DEATH Month Day Year
April 15 1961
 5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 7-11-1879 9. AGE (last birthday) 81
 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) Hospital attendant
 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (City and state or country) Cass County Mo.
 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME E. M. Musick 13b. MOTHER'S MAIDEN NAME Mary Kearns 14. NAME OF HUSBAND OR WIFE Max Musick
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
 17. INFORMANT Evelyn M. Musick, A. C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Left Ventricular Failure INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Uremia Old
 DUE TO (c) Chronic prostatic hypertrophy Old

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis
 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 Month, Day, Year
 a.m. p.m.
 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 _____ to Apr. 15, 1961 and last saw him ^{alive} on April 14, 1961
 Death occurred at Nevada, Missouri 6:35 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. B. Wray, M.D. (Degree or title)
 22b. ADDRESS Moore Bldg., Nevada, Missouri
 22c. DATE SIGNED 4/18/1961

23a. BURIAL, CREMATION, or REMOVAL (Specify) Burial 23b. DATE 7-16-61 23c. NAME OF CEMETERY OR CREMATORY City Cemetery 23d. LOCATION (City, town, or county) (State) El Dorado Springs Mo.

24. FUNERAL DIRECTOR Melvin L. Johnson ADDRESS El Dorado Springs 25. DATE RECD. BY LOCAL REG. 4-22-1961 26. REGISTRAR'S SIGNATURE Anna & Jerry

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 Melvin L. Janssen
Licensed Embalmer No. 4529

P. O. Address Appleton City

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.