

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013894

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 50

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1080

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED APR 8 1962

1. PLACE OF DEATH
a. COUNTY Vernon

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Washington TWP. Length of stay in 1b 1 Mo 6 da

c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp. # 3 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Howell

c. CITY OR TOWN Willow Springs Inside Limits Yes No

d. STREET ADDRESS (if outside, give location) 404 S. Harris Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Jerry Middle J. (?) Last Musgrove

4. DATE OF DEATH Month 3 Day 23 Year 1962

5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4-10-82 9. AGE (last birthday) 29

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unk 10b. KIND OF BUSINESS OR INDUSTRY unk 11. BIRTHPLACE (City and state or country) Howell Co. Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Willidm Musgrove 13b. MOTHER'S MAIDEN NAME Mary Jaco 14. NAME OF HUSBAND OR WIFE Emma Musgrove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk 16. SOCIAL SECURITY NO. unk 17. INFORMANT Records State Hospital # 3 Nevada Mo Address

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

IMMEDIATE CAUSE (a) Branchopneumonia INTERVAL BETWEEN ONSET AND DEATH 4 da

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular disease unk

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Brain Syndrome assoc. with Cerebral 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 5:00 Month, Day, Year 3-23-62

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.) unk 20f. CITY, TOWN, OR LOCATION Willow Springs COUNTY Howell STATE Mo

21. I attended the deceased from 5:00 to 8:00 and last saw her alive on 3-23-62
Death occurred at 5:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. Combs MD 22b. ADDRESS Nevada, Mo 22c. DATE SIGNED 3-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3/23/62 23c. NAME OF CEMETERY OR CREMATORY Wine Grove Cemetery 23d. LOCATION (City, town, or county) (State) Willow Springs, Missouri

24. FUNERAL DIRECTOR Burns Funeral Home-Willow Springs, Mo. ADDRESS 3-26-1962 25. DATE RECD. BY LOCAL REG. 3-26-1962 26. REGISTRAR'S SIGNATURE Anna J. Ferry

(Licensed Embalmer's Statement on Reverse Side)

APR 4 1962

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.