

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021857

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 93

FILED JUL 12 1962

VS 300 Rev. 4/59

1 0053

2 0050

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
 a. COUNTY Barry  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett Length of stay in 1b 6 days  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent Hospital Inside Limits Yes  No

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

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
HAROLD DEAN MUSE July 1, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 5/17/12 9. AGE (last birthday) 50  
 IF UNDER 1 YEAR Months 1 Days 18 Hours  Min.   
 IF UNDER 24 HR

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

13a. FATHER'S NAME Henry Muse 13b. MOTHER'S MAIDEN NAME Clara Carney 14. NAME OF HUSBAND OR WIFE Martha Lewis Muse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO.  17. INFORMANT Address Mrs Martha Muse, Cassville, Mo.

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 infarction  
 DUE TO (b)   
 DUE TO (c) Coronary sclerosis  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) L. renal calculus  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  N-  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 1956 to July 1, 1962 and last saw him alive on July 1, 1962  
 Death occurred at 1140 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Mary Newman M.D. 22b. ADDRESS Cassville, Mo. 22c. DATE SIGNED 7-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7/5/62 23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery 23d. LOCATION (City, town, or county) (State) Cassville, Barry, Missouri

24. FUNERAL DIRECTOR Doyle E. Williamson, Cassville, Mo. 25. DATE RECD BY LOCAL REG. 7-9-62 26. REGISTRAR'S SIGNATURE Mrs P. N. Cook

USE BLACK INK OR TYPEWRITER RIBBON

AUG 8 1962

AUG 14 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 Doyle E. Williamson

Licensed Embalmer No. 4883

P.O. Address Cassville

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.