

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023771
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **99**

Primary Registration District No. **4166**

Registrar's No. **36**

FILED JUN 19 1963

VS 300
Rev. 4/59

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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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo b. COUNTY DeKalb	
b. CITY (If outside corporate limits, give TOWNSHIP only) Weatherby		Length of stay in 1b 60Yrs.	c. CITY OR TOWN Weatherby
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Weatherby
3. NAME OF DECEASED (Type or print) First Stevie Middle Cornelius Last Musser			4. DATE OF DEATH Month May Day 27 Year 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/4-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Rural Mail Carrier		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 74
11. BIRTHPLACE (City and state or country) Weatherby Mo		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Ollie Musser		13b. MOTHER'S MAIDEN NAME Hattie McCurley	
14. NAME OF HUSBAND OR WIFE Juanita B. Musser		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Juanita B. Musser Weatherby Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH 8 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension & probable carcinoma of the colon.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.)	
20c. TIME OF INJURY Hour 11:57 Month May Day 27 Year 1963 a.m. p.m.	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.)	20f. CITY, TOWN, OR LOCATION Weatherby Mo
21. I attended the deceased from Jan. 4, 1949 to May 27, 1963 and last saw him alive on May 27, 1963		21. Death occurred at 11:57 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) X F K Wilson MD		22b. ADDRESS Winston, Missouri	22c. DATE SIGNED 5/29/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-29 1963	23c. NAME OF CEMETERY OR CREMATORY Riggs	23d. LOCATION (City, town, or county) (State) Weatherby Mo (Rural)
24. FUNERAL DIRECTOR Pitcher Funeral Home Mayesville Mo.		25. DATE RECD. BY LOCAL REG. 6-11-1963	26. REGISTRAR'S SIGNATURE Leilie C. Dardas

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JUN 25 1963

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REGISTERED MISSOURI EMBALMER

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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 _____

O.T. Fitcher

Licensed Embalmer No. 3960

P. O. Address Maysville Missouri

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.

(MISSOURI)

MISSOURI