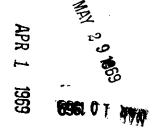
FILED FEB 24 1969
DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH (PHYSICIAN OR CORONER) CERTIFICATE OF DEATH

124

169-006841

| DO NOT WRITE | | Registration District No. 137 Primary Registration District No. 4418 Registrar's No. | <u>. 55 </u> |
|---|--|--|---|
| ON THIS STUB | VS 300 | DECEASED-NAME FIRST MIDDLE LAST SEX - DATE OF DEATH (MONTH, | |
| 9. / | Rev. 1/68 | 1 Eva Pauline Musick Hemale : February | 14, 1969 |
| 10a. 67 | 4.0421 | RACE WHITE, NEGRO, AMERICAN INDIAN, AGE—LAST UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, ETC. (SPECIFY) BIRTHDAY (YEARS) MOS. DAYS MOURS MIN. YEAR) | TH ' |
| 10ь. | 5. 9 D | 4. White 50. 67 56. 55. 6 May 4, 190 7a. HENE CITY, TOWN, OR LOCATION OF DEATH SPECIFY YES OR NO) | |
| 11. | DECEASED | n. Windson nyes n. 409 E. Benton | |
| 12. / | | STATE OF BIRTH (IF NOT IN U.S.A., NAME CITIZEN OF WHAT COUNTRY B. IOWR COUNTRY) B. IOWR SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN) III. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) III. Lee Musick | - |
| 13.53/.6 | USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH | SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF KIND OF BUSINESS OR INDUSTRY | |
| 14. | OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE | 12 486-10-4868 130. Housewife 136. | |
| - // | ADMISSION. | RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS STREET AND NUMBER | |
| 15. 9 | 6.04 21 | 140. Missouri 140. NEURY 140. Windson 144. YES 140. 409 2. TE FATHER-NAME FIRST MIDDLE LAST MOTHER-MAIDEN NAME FIRST MIDDLE | 3 enton |
| 16. | PARENTS | Lis William Ferguson 14 Mary Stock | |
| 17. | | INFORMANT—NAME MAILING ADDRESS (STREET OR R. D. NO., CITY OR TOWN, STATE, ZIP) | |
| 18. 💍 | | | 10, 65760 |
| 19. CREDITS | | PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] | BETWEEN ONSET AND DEATH |
| 20./-0 | | © Circulatory Collpase | instant |
| | | CONDITIONS, IF ANY, (b) Cardiac arrest | 10 min. |
| | | IMMEDIATE CAUSE (Q), STATING THE UNDER- LYING CAUSE LAST | 1 |
| | CAUSE | (c) Indigestion | 3 hours F YES WERE FINDINGS CON- |
| | | PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (d) AUTOPSY (YES DE NO) 196. | |
| | | ACCIDENT, SUICIDE, HOMICIDE, DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN P. | ART I OR PART II, ITEM 181 |
| ۲. ns. | | 200 205. 201. M. 20d INJURY AT WORK PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | |
| Ct io | | (SPECIFY YES OR NO) OFFICE BLDG., ETC. (SPECIFY) 20e. 20f. 20g. | |
| Type or print in PERMANENT BLACK INK. See handbook for instructions | | CERTIFICATION MONTH DAY YEAR MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON I DID/DID NOT VIEW THE DEATH OCCI. | URRED AT THE PLACE, ON THE |
| print in T BLAC for instr | | 1 ATTENDED THE Only on 216. 12-14-68 216. 12-14-68 216. did 216. 5:10 | DATE, AND, TO THE BEST PLOF MY KNOWLEDGE, DUI M. TO THE CAUSE(S) STATED |
| o | CERTIFIER | CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE HOUR OF DEATH EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSESIS STATED. | HOUR 10 DM |
| Type or premanent | CERTIFIER | DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a. CERTIFIER—NAME (TYPE OR PRINT) DECME OF THE CAUSE(S) STATED. SIGNIFIED DECME OR THE CAUSE(S) STATED. DATE: | 5:10 PM M SIGNED (MONTH, DAY, YEAR) |
| T y Nanc | | 230. Wm. J. Smith, M. D. 236. MAILING ADDRESS—CERTIFIER STREET OR R.D. NO. STREET OR R. | 2-17-69 |
| P E | | 23d. Wm. J. Smith. M. D. 103 W. Volt St. Windsor, Mo. 65 | 300 |
| 0, | | | STATE |
| | BURIAL | 246 June 2 246 Versailles Cometant 246. Versailles Miss. DATE (MONTH, DAY, YEAR) FUNEBAL HOME—NAME AND ADDRESS (STREET OR R.F.D., NO., CITY OR TOWN, STATE, ZIP) | ouel |
| | | 24706 17 1969 250. Muston-Hadley Funeral Home - Windson FUNERAL DIRECTOR ASSOCIATION OF THE RECEIVED A LOCALITY OF THE | Mo 6360 |
| | | The to bridge of a live of the second | 20269 |



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. | (N 4. M - 00 |
| StudentSignature of Student Embalmer | _ Signed_ Cher W > 3224 |
| olyman or olocolli gillounic. | Licensed Embalmer No. 5220 |
| | P. O. Address Window, 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.