

FILED FEB 24 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

69-006841

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 55DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68

9. 1
10a. 67
10b. 90
11. 1
12. 1
13. 5369
14. 6.0421
15. 4
16. 0
17. 0
18. 0
19. CREDITS
20. 1-0

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

| | | | | | | | | |
|--|--|--|--|---|--|---|--|--|
| DECEASED—NAME | | FIRST | MIDDLE | LAST | SEX | DATE OF DEATH (MONTH, DAY, YEAR) | | |
| 1 | | <u>Eva</u> | <u>Pauline</u> | <u>Musiak</u> | <u>Female</u> | <u>February 14, 1969</u> | | |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | | AGE—LAST BIRTHDAY (YEARS) | UNDER 1 YEAR | UNDER 1 DAY | DATE OF BIRTH (MONTH, DAY, YEAR) | | COUNTY OF DEATH | |
| 4. <u>White</u> | | 5b. <u>67</u> | MOS. <u>5b.</u> DAYS <u>5c.</u> | HOURS <u>5c.</u> MIN. <u>5c.</u> | 6 <u>May 4, 1901</u> | | 7a. <u>Henry</u> | |
| CITY, TOWN, OR LOCATION OF DEATH | | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | | | | |
| 7b. <u>Windsor</u> | | | 7c. <u>Yes</u> | 7d. <u>409 E. Benton</u> | | | | |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | | CITIZEN OF WHAT COUNTRY | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) | | |
| 8 <u>Iowa</u> | | 9. <u>U.S.A.</u> | | 10. <u>Married</u> | | 11. <u>Lee Musiak</u> | | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | | | KIND OF BUSINESS OR INDUSTRY | | | |
| 12 <u>486-10-4868</u> | | 13a. <u>Housewife</u> | | | 13b. | | | |
| RESIDENCE—STATE | | COUNTY | CITY, TOWN, OR LOCATION | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | STREET AND NUMBER | | |
| 14a. <u>Missouri</u> | | 14b. <u>Henry</u> | 14c. <u>Windsor</u> | | 14d. <u>Yes</u> | 14e. <u>409 E. Benton</u> | | |
| FATHER—NAME | | | FIRST | MIDDLE | LAST | MOTHER—MAIDEN NAME | | |
| 15. <u>William Ferguson</u> | | | | | | 16. <u>MARY Stock</u> | | |
| INFORMANT—NAME | | | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | | |
| 17a. <u>Lee Musiak</u> | | | | 17b. <u>409 E. Benton - Windsor, Mo. 65360</u> | | | | |
| PART I. DEATH WAS CAUSED BY: | | [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| 18 | | IMMEDIATE CAUSE | | | | | | |
| (a) | | <u>Circulatory Collapse</u> | | | | | <u>instant</u> | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | | |
| (b) | | <u>Cardiac arrest</u> | | | | | <u>10 min.</u> | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | | |
| (c) | | <u>Indigestion</u> | | | | | <u>3 hours</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | | | | AUTOPSY (YES OR NO) | | |
| | | | | | | 19a. <u>No</u> | | |
| IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH | | 19b. | | | | | | |
| 20a. | | DATE OF INJURY (MONTH, DAY, YEAR) | | HOUR | | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) | | |
| OR UNDETERMINED (SPECIFY) | | 20b. | | 20c. | | 20d. | | |
| INJURY AT WORK (SPECIFY YES OR NO) | | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | | | | |
| 20e. | | 20f. | | 20g. | | | | |
| CERTIFICATION—PHYSICIAN: | | MONTH | | DAY | | YEAR | | |
| I ATTENDED THE | | only on | | TO | | 21b. <u>12-14-68</u> | | |
| 21a. DECEASED FROM | | 21c. | | 21d. <u>12-14-68</u> | | 21e. <u>did</u> | | |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. | | HOUR OF DEATH | | THE DECEDENT WAS PRONOUNCED DEAD | | DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. | | |
| 22a. | | 5:10 PM | | 22b. <u>Feb. 14</u> | | 1969 | | |
| CERTIFIER—NAME (TYPE OR PRINT) | | SIGNATURE | | DEGREE OR TITLE | | DATE SIGNED (MONTH, DAY, YEAR) | | |
| 23. <u>Wm. J. Smith, M. D.</u> | | <u>Wm. J. Smith, M. D.</u> | | <u>M.D.</u> | | 23c. <u>2-17-69</u> | | |
| MAILING ADDRESS—CERTIFIER | | STREET OR R.F.D. NO. | | CITY OR TOWN | | STATE | | |
| 23d. <u>Wm. J. Smith, M. D.</u> | | <u>103 W. Colt St.</u> | | <u>Windsor, Mo.</u> | | <u>65360</u> | | |
| BURIAL, CREMATION, REMOVAL | | CEMETERY OR CREMATORY—NAME | | LOCATION | | | | |
| 24a. <u>Burial</u> | | 24b. <u>Versailles Cemetery</u> | | 24c. <u>Versailles, Missouri</u> | | | | |
| DATE (MONTH, DAY, YEAR) | | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | | | | |
| 24d. <u>Feb 17, 1969</u> | | 25c. <u>Huston-Hadley Funeral Home - Windsor, Mo 65360</u> | | | | | | |
| FUNERAL DIRECTOR—SIGNATURE | | REGISTRAR—SIGNATURE | | DATE RECEIVED BY LOCAL REGISTRAR | | | | |
| 25b. <u>Walter Hadley</u> | | 26a. <u>Mildred Bigum</u> | | 26b. <u>2-20-69</u> | | | | |

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

100-111-2012

APR 1 1969

MAY 29 1969

6961 0 T 4777

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 *Robert H. Kelly*

Licensed Embalmer No. 5220

P. O. Address Windsor, 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.