

FILED JUN 8 1953

## STANDARD CERTIFICATE OF DEATH

State File No. 17271

BIRTH NO. _____		REG. DIST. NO. 50		PRIMARY REG. DIST. NO. 5176		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY <del>Brickley</del> CAMDEN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CAMDEN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richland-Auglaize		c. LENGTH OF STAY (in this place) years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richland		0150	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE		b. (Middle) LEE		c. (Last) MASSEY		4. DATE OF DEATH (Month) (Day) (Year) MAY 27 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 18, 1882	
9. AGE (In years last birthday) 71		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lebanon Virginia	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Isaac McFadden		13b. MOTHER'S MAIDEN NAME Leah Hess		14. NAME OF HUSBAND OR WIFE George Perry Massey	
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. None		17. INFORMANT'S SIGNATURE OR NAME (Address) S.C. Massey Richland			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stopping of respiration  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) Systemic arteriosclerosis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331 X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 26, 1953, to May 27, 1953, that I last saw the deceased alive on May 27, 1953, and that death occurred at 11:20 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Lewis H. Myers, D.O. (Degree or title)				23b. ADDRESS Richland Mo		23c. DATE SIGNED June 2-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5/30/53		24c. NAME OF CEMETERY OR CREMATORY Camp Ground		24d. LOCATION (City, town, or county) (State) Richland (Camden) 7870-	
DATE REC'D BY LOCAL REG June 3, 1953		REGISTRAR'S SIGNATURE Zilpha Draw 42		25. FUNERAL DIRECTOR'S SIGNATURE (Address) R. B. Deepen Richland			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

150  
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed. \_\_\_\_\_

*R. B. Zupar*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3198

P. O. Address. Richland

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 this body is not embalmed, fact should be so stated above.