

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

36934

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4983

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|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>                    |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u> |  |
| b. CITY OR TOWN <u>Kansas City</u>                               |  | c. CITY OR TOWN <u>Lathrop</u>  |  |
| c. LENGTH OF STAY (in this place) <u>9 hrs</u>                   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u> |  | f. STREET ADDRESS (If rural, give location) <u>0259</u>   |  |

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|--|---------------------------------------|--|---|---|---|
| 3. NAME OF DECEASED<br>(Type or Print) <u>Lucy Jane Massey</u> |                                       |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 15 1955</u>  |   |   |
| a. (First)   | b. (Middle)                           | c. (Last)  | Month   | Day   | Year  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u>         | 7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>married</u>  | 8. DATE OF BIRTH <u>May 18 1893</u>   | 9. AGE (In years last birthday) <u>62</u>   | IF UNDER 1 YEAR Months  |
| IF UNDER 1 YEAR Days   | IF UNDER 24 HRS. Hours                | IF UNDER 24 HRS. Min.  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>  | 10b. KIND OF BUSINESS OR INDUSTRY <u>gen. housework</u>                             | 11. BIRTHPLACE (City and State or Foreign Country) <u>Great Bend, Kans.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                     | 13a. FATHER'S NAME <u>Fred Bronde</u> | 13b. MOTHER'S MAIDEN NAME <u>Lucy Differbacker</u>   | 14. NAME OF HUSBAND OR WIFE <u>Clyde</u>  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>         | 16. SOCIAL SECURITY NO. <u>none</u>   |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Massey</u>          | 17. ADDRESS <u>Lathrop Mo</u>         | 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><u>Brain tumor (glioblastoma) 2 years</u> | 19. MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain tumor (glioblastoma)</u><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>193X</u> | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 21. ACCIDENT SUICIDE HOMICIDE (Specify) _____                               |

|  |  |   |
|--|--|---|
| 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) _____ |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | 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 Nov., 1953, to Nov. 15, 1955, that I last saw the deceased alive on Nov. 15, 1955, and that death occurred at 11:50 P.M., from the causes and on the date stated above.

|  |  |   |
|--|--|---|
| 23a. SIGNATURE <u>Revis C. Lewis</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>411 Nichols Road Kansas City, Mo.</u>      | 23c. DATE SIGNED <u>Nov. 16 55</u>                    |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>            | 24b. DATE <u>Nov. 17 1955</u>                              | 24c. NAME OF CEMETERY OR CREMATORY <u>Lathrop Cem</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Lathrop Mo.</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard Foy Kearney</u> | 25. ADDRESS <u>Mo.</u>                                |

|  |  |  |                        |
|--|--|--|------------------------|
| DATE REC'D BY LOCAL REG. <u>11-17-55</u> | REGISTRAR'S SIGNATURE <u>Reva Marshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard Foy Kearney</u> | 25. ADDRESS <u>Mo.</u> |
|--|--|--|------------------------|

(Licensed Embalmer's Statement on Reverse Side)

FEB 3 1959

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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  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John R. Fisher*  
Licensed Embalmer No. *4*  
P. O. Address *Amherst*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
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.