

**THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH**

25700

State File No. _____

FILED AUG 3-1956

REG. DIST. NO. **333**

PRIMARY REG. DIST. NO. **3074**

Registrar's No. **116**

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		State File No. _____		Registrar's No. 116							
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY Dunklin County											
b. CITY OR TOWN Sixeston		c. LENGTH OF STAY (in this place) 1 year		c. CITY OR TOWN Malden Mo		d. STREET ADDRESS (If rural, give location) 301 W. Ollie									
d. FULL NAME OF HOSPITAL OR INSTITUTION Belaine Nursing Home				3. NAME OF DECEASED a. (First) Clara b. (Middle) Alice c. (Last) Massey											
4. DATE OF DEATH (Month) (Day) (Year) July 21-1956		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH June 7-1881		9. AGE (In years last birthday) 75-0-14		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Home Work at her home				10b. KIND OF BUSINESS OR INDUSTRY at her home				11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeur Mo				12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Martin Luther Bass				13b. MOTHER'S MAIDEN NAME Amanda Paschel				14. NAME OF HUSBAND OR WIFE Widow							
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. 491-16-1105		17. INFORMANT'S SIGNATURE OR NAME Bulah E. Horton-Cape Girardeur								ADDRESS Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diarrhea, Cause Undetermined								INTERVAL BETWEEN ONSET AND DEATH 3 weeks			
				ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____											
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7856										20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)									
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 7-11-56, 19 , to 7-11-56, 19 , that I last saw the deceased alive on 7-11-56, 19 , and that death occurred at 9:01 p.m. , from the causes and on the date stated above.															
23a. SIGNATURE G. S. Walter Mo				(Degree or title) Mo				23b. ADDRESS Sixeston Mo				23c. DATE SIGNED 7-24-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-24-56		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery				24d. LOCATION (City, town, or county) (State) Malden Mo							
DATE REC'D BY LOCAL REG. 7-25-56		REGISTRAR'S SIGNATURE Mrs. Ella Hunter				25. FUNERAL DIRECTOR'S SIGNATURE Philip J. Casady				ADDRESS Funeral Home Cape Girardeur Mo					

(Licensed Embalmer's Statement on Reverse Side)

Sixeston, Mo

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

DATE RECEIVED JUL 30 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 756-162

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
Student Embalmer

Signed Philip J. Cassidy
Licensed Embalmer No. 14618

P. O. Address Skeeton, 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 this body is not embalmed, fact should be so stated above.