

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020654

STATE FILE NUMBER

FILED MAY 20 1958

Registration District No. 347

Primary Registration District No. 4508

Registrar's No. 38

S. 300  
v. 1-57

1040

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <i>Stone</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Greene</i>				
b. CITY OR TOWN <i>Salena Mo</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Springfield</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb <i>8 mo</i>	d. STREET ADDRESS (If outside give location) <i>510 W. Garner</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>Louis</i> Middle <i>Earl</i> Last <i>Massey</i>				4. DATE OF DEATH Month <i>May</i> Day <i>4</i> Year <i>1958</i>				
5. SEX <i>m</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Feb 10 1902</i>		9. AGE (In years) <i>56</i> IF UNDER 1 YEAR: Months <i>2</i> Days <i>24</i> Hours <i></i> Min. <i></i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Restaurateur/Owner</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Wentworth Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S</i>		
13a. FATHER'S NAME <i>J. W. Massey</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Jane</i>		14. NAME OF HUSBAND OR WIFE <i>Vera Massey</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>702-037515</i>		17. INFORMANT <i>Vera Massey - Salena Mo</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i>						INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						4201		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <i>nuch</i> to <i>8</i> and last saw <sup>her</sup> him alive on <i>4 May 1958</i> Death occurred at <i>7:15 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Raymond M. No. 0</i>				(Degree or title)		22b. ADDRESS <i>Greene Mo</i>		
22c. DATE SIGNED <i>16 May 1958</i>								
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Wed May 7 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Paul's Cemetery</i>			23d. LOCATION (City, town, or county) (State) <i>Springfield Mo.</i>		
24. FUNERAL DIRECTOR <i>Enerlett J. Cheatham</i>			ADDRESS <i>Salena Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>May 5 - 1958</i>		26. REGISTRAR'S SIGNATURE <i>Mrs. J. Elmer Bussan</i>	

(Licensed Embalmer's Statement on Reverse Side)

*and Vera Murray*

MAY 29 1958

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Halena, 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.