

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024322
Serial No.

FILED JUN 20 1958

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6162 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <u>Rural Ruth Tp</u>		c. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <u>1040 Ruth</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Reeds Springs Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>FRANK</u> c. (Last) <u>MASSENGALE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 13 1958</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 18 1893</u>	9. AGE (In years last birthday) <u>74</u>	# UNDER 1 YEAR Months <u>6</u> Days <u>25</u>	# UNDER 24 HRS Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Stone Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Nathan Massengale</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E Embelmer</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Massengale</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>702-16-5574</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Cora Massengale Reeds Springs Mo</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertrophy of Heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral Insufficiency</u>			<u>10 yrs</u>
	DUE TO (c) <u>Edema Cardiac Asthma</u>			<u>1 yr</u>
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) <u>410 X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 June 1 1958 to June 13, 1958, that I last saw the deceased alive on June 13, 1958, and that death occurred at 6:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L S Shumate MD</u>	(Degree or title)	23b. ADDRESS <u>Reeds Springs Mo</u>	23c. DATE SIGNED <u>6/13/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 15-1958</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>Olsen Road</u>	24d. LOCATION (City, town, or county) (State) <u>Near Reeds Springs Mo</u>
DATE REC'D BY LOCAL REG. <u>June 13-1958</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Bussan</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Embrett & Cheatham Inc.</u>	

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

317

Printed Name of Deceased Embelmer's Statement on Reverse Side

1951 26 107

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Helena 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.