RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032898
STATE FILE NUMBER

FILED VS OCT 13 1959

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 145

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon — Length of stay in 1b: 4yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Louise G. Wallace — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Laclede
c. CITY OR TOWN Lebanon — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 667 Grant St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ARTIE Middle MAE Last MASSEY
4. DATE OF DEATH Month Oct. Day 3, Year 1959
5. SEX female
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-9-1893
9. AGE (last birthday) 66 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY housewife
11. BIRTHPLACE (City and state or country) Competition, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME A.J. Chambers
13b. MOTHER'S MAIDEN NAME Lina Simmons
14. NAME OF HUSBAND OR WIFE Jake Massey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT Jake Massey, Address 667 Grant, Lebanon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH one yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Repeated cerebro vascular accidents
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ None
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1/21/57 to 10/3/59 and last saw her alive on 10/3/59
Death occurred at 2:36 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George E. Fisher (Degree or title) M.D.
22b. ADDRESS Lebanon Mo
22c. DATE SIGNED 10/4/59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 10-5-59
23c. NAME OF CEMETERY OR CREMATORY McBride
23d. LOCATION (City, town, or county) (State) Laclede County, Mo.

24. FUNERAL DIRECTOR T.J. Shadel ADDRESS T.J. Shadel, Lebanon, Mo.
25. DATE RECD. BY LOCAL REG. 10-5-1959
26. REGISTRAR'S SIGNATURE Ella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 5[illegible]7[illegible]

P. O. Address Box 7[illegible]

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