URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 10 1960 77

60-005609
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 87

NDED

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 705 St. Mary's Blvd.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 705 St. Mary's Blvd.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First AHMED Middle EZZELDIN Last MASSOUD

4. DATE OF DEATH: Month March Day 6 Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-21-1926
9. AGE (last birthday): 33
IF UNDER 1 YEAR: Months 10 Days 16
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student --- Lincoln University
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Cairo, Egypt
12. CITIZEN OF WHAT COUNTRY: Egypt

13a. FATHER'S NAME: Mahamed Massoud
13b. MOTHER'S MAIDEN NAME: Dawelet Ahou Elnaga
14. NAME OF HUSBAND OR WIFE: Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Aly Massoud Address: 705 St. Mary's Jeff.City,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): Coronary insufficiency
INTERVAL BETWEEN ONSET AND DEATH: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Focally advanced arteriosclerosis.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Man died unexpectedly - Investigation revealed death due to natural causes. Cause of death determined by autopsy performed by Fred P. Handler, M.D., Jefferson City, Mo.
20c. TIME OF INJURY: Hour App. 1:30 a.m. p.m. Month, Day, Year 3-6-1960
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.): At home.
20f. CITY, TOWN, OR LOCATION: Jefferson City, COUNTY: Cole STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE: Gertrude Holb (Degree or title): Coroner, Cole County
22b. ADDRESS: 1436 Green Berry Road Jefferson City, Missouri.
22c. DATE SIGNED: 3-8-1960.

23a. BURIAL, CREMATION, REMOVAL (Specify): Removed to Ill.
23b. DATE: 13 March 1960
23c. NAME OF CEMETERY OR CREMATORY: In -
23d. LOCATION (City, town, or county) (State): Cairo - Egypt -

24. FUNERAL DIRECTOR: Victor Buesche ADDRESS: JCMo
25. DATE RECD. BY LOCAL REG.: 9 March 1960
26. REGISTRAR'S SIGNATURE: R.P. Dorris, MD - M Richter, Dep.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS MAR 1 0 1960

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 Victor Buesch

Licensed Embalmer No. 370

P. O. Address Jen

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.