

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000926

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 8

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0300
2300

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94200

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 15 1963	
1. PLACE OF DEATH	
a. COUNTY DALLAS	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) Buffalo RR #1	a. STATE Mo b. COUNTY DALLAS
Length of stay in 1b 4 mos	c. CITY OR TOWN Buffalo
c. FULL NAME OF (If NOT in hospital, give location) 4 mi South of Buffalo	d. STREET ADDRESS (If outside, give location) 4 mi South of Buffalo
3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First Helen Middle Mae Last Massion	Month 1 Day 9 Year 1963
5. SEX Female	6. COLOR OR RACE White
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-13-1918
9. AGE (last birthday) 44	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
11. BIRTHPLACE (City and state or country) Strawns Crossing Ill.	12. CITIZEN OF WHAT COUNTRY U.S. A.
13a. FATHER'S NAME DON Cowgur	13b. MOTHER'S MAIDEN NAME Nallie Green
14. NAME OF HUSBAND OR WIFE Howard B. Massion	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. [REDACTED]	17. INFORMANT Howard Massion Buffalo, Mo
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Coronary Thrombosis	INTERVAL BETWEEN ONSET AND DEATH 1 hr
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (b), STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Arterio-sclerotic heart disease and valvular heart disease	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year	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 26 Dec 62 to 8 Jan 63 and last saw her/him alive on 8 Jan 63 Death occurred at 2:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) [Signature]	22b. ADDRESS Buffalo Mo
22c. DATE SIGNED 9 Jan 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE
23c. NAME OF CEMETERY OR CREMATORY JACKSONVILLE Ill	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Jones Cantlon	25. DATE RECD. BY LOCAL REG. 1/14/1963
ADDRESS Buffalo, Mo	26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

FEB 8 1963

FEB 25 1963

6300
6300

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9-09

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

Jerry J. Cantlon

Licensed Embalmer No. 5153

P. O. Address Buffalo, 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.