

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027338

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 922 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 5 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph,		c. CITY OR TOWN St. Joseph, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 55 5225 1/2 Lake Ave		d. STREET ADDRESS 5225 1/2 Lake Ave Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First John Middle A Last Massar			4. DATE OF DEATH Month July Day 24, Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept, 26, 1880	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Bucket Shop		11. BIRTHPLACE (City and state or country) Rumonia	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Unk		13b. MOTHER'S MAIDEN NAME Unk	
14. NAME OF HUSBAND OR WIFE none			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.		17. INFORMANT Address Peter Chirila St. Joseph, Mo			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic shock + hemorrhage at once <i>intracranial</i>		INTERVAL BETWEEN ONSET AND DEATH at once
DUE TO (b) Self-inflicted bullet wound in head at once		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Ill health		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Bullet entered right ear canal passed out left occipital temporal junction
20c. TIME OF INJURY Hour 4:30 p.m. Month, Day, Year 7-24-63		

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.) At his room	20f. CITY, TOWN, OR LOCATION 5225 1/2 Lake Ave. Buchanan Co Mo	20g. COUNTY St. Joseph	20h. STATE Mo
21. I attended the deceased from viewed body 6:30 P.M. and last saw him alive on 7-24-63 Death occurred at 7/24/63 4:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) S.E. Helmsley, M.D. Coroner	22b. ADDRESS 214 Kirkpatrick Rd St. Joseph, Mo	22c. DATE SIGNED 7-29-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/26/63	23c. NAME OF CEMETERY OR CREMATOR Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) St. Joseph, Mo		23e. STATE Mo

24. FUNERAL DIRECTOR Shirley Duff	ADDRESS St. Joseph, Mo	25. DATE RECD. BY LOCAL REG. Aug 1, 1963	26. REGISTRAR'S SIGNATURE Mrs. Clark Woodell
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VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued 7-26-63

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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,

per by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John E. Rupp
Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.

2-02