

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 11 1949

BIRTH NO. _____		REG. DIST. NO. <u>23</u>		PRIMARY REG. DIST. NO. <u>5290</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay 24</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kearney Rural</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kearney Rural</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>THOMAS</u>		c. (Last) <u>MASSEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 24 - 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 31 - 1883</u>		9. AGE (in years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>24</u>	IF 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>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen Farm work</u>		11. BIRTHPLACE (State or foreign country) <u>Clay Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Massey</u>		13b. MOTHER'S MAIDEN NAME <u>Etta Benton</u>		14. NAME OF HUSBAND OR WIFE <u>Julia Ann</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Julia Ann Massey Kearney</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>general toxemia</u> DUE TO (c) <u>arthritis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>instant</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)			
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 <u>2/18/49</u> , 19 <u>49</u> , to <u>4/24</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4/23/49</u> , 19 <u>49</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. M. B. ... M.D.</u>				23b. ADDRESS <u>Excelstior Springs, Mo.</u>		23c. DATE SIGNED <u>APR 26/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 27-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		24d. LOCATION (City, town, or county) (State) <u>Kearney Mo</u>	
DATE REC'D BY LOCAL REG. <u>APRIL 27 1949</u>		REGISTRAR'S SIGNATURE <u>Minnie Haynes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leonard Fry Kearney Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

24
0
0No. 300
0.48

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 4-10-49

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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney 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.