S. No. 300
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FILED JAN 12 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 41557

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 88

**1. PLACE OF DEATH**
a. COUNTY Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lexington
c. LENGTH OF STAY (in this place) 2 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) —

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lexington
d. STREET ADDRESS (If rural, give location) 11th South

**3. NAME OF DECEASED** (Type or Print)
a. (First) James
b. (Middle) FREDERICK
c. (Last) MASSEY

**4. DATE OF DEATH** (Month) (Day) (Year) Dec 29 1949

**5. SEX** Male
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married
**8. DATE OF BIRTH** Jan 5 1883
**9. AGE** (In years last birthday) 66 — IF UNDER 1 YEAR Months 11 Days 24 — IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Minister
**10b. KIND OF BUSINESS OR INDUSTRY** Minister
**11. BIRTHPLACE** (State or foreign country) Missouri D
**12. CITIZEN OF WHAT COUNTRY?** U. S. A.

**13a. FATHER'S NAME** Robt C Massey
**13b. MOTHER'S MAIDEN NAME** Mary Wooley
**14. NAME OF HUSBAND OR WIFE** Myrtle J. Massey

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) NO (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** none
**17. INFORMANT'S SIGNATURE OR NAME** Chester L. Massey — ADDRESS Lex. Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Colon — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* — 153X

**19a. DATE OF OPERATION** 1946
**19b. MAJOR FINDINGS OF OPERATION** Cancer of Colon
**20. AUTOPSY?** YES ☐ NO ☒

**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) — m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** —

22. *I hereby certify that I attended the deceased from* Oct, 1947, *to* Dec 29, 1949, *that I last saw the deceased alive on* Dec 27, 1949, *and that death occurred at* 1:20 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) Ben H Brasher MD
**23b. ADDRESS** Lexington Mo
**23c. DATE SIGNED** 12/29/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** 12-30-49
**24c. NAME OF CEMETERY OR CREMATORY** MACHPELAH CEM.
**24d. LOCATION** (City, town, or county) (State) LEXINGTON, Mo.

**DATE REC'D BY LOCAL REG.** 2 Jan 1950
**REGISTRAR'S SIGNATURE** Minerva E. Eachtrocks
156
**25. FUNERAL DIRECTOR'S SIGNATURE** C. H. BLACKMAN & SON — ADDRESS K.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 5
District Health Officer No. 8,

District File Number.....

Date Filed 1-11-50

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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, or by.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Jack F. Moore

Licensed Embalmer No. 4729

P. O. Address Kansas City

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.