

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12267

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 381

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Billings</u> <u>0220</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Goss Nursing Home 1216 W. Walnut</u> | | d. STREET ADDRESS (If rural, give location) <u>None</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Maude</u> b. (Middle) <u>E</u> c. (Last) <u>Massey</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 29-1951</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH/ (Specify) <u>July 31, 1874</u> |
| 9. AGE (In years) (Specify) <u>79</u> | | 10. MONTH (Specify) <u>8</u> | |
| 11. DAYS (Specify) <u>28</u> | | 12. HOURS (Specify) | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired School Teacher</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>School</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Gibson City, Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>T.E. Phillips</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah A. Collins</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Jess L. Massey</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>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Gordon J. Massey, Oak, Mo</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>Congestive Heart Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 Months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4500</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT (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>July</u> , 19 <u>49</u> , to <u>April</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>22 April</u> , 19 <u>51</u> , and that death occurred at <u>12:10 pm.</u> , from the causes and on the date stated above. | |
| 23a. SIGNATURE <u>Karl F. Leidingen M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Republic Mo</u> | |
| 23c. DATE SIGNED <u>30 Apr 51</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>May 1-1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Billings, Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u> ADDRESS <u>Cleves, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>5-3-51</u> | | REGISTRAR'S SIGNATURE <u>W. E. Landry M.D.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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