

FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24119

State File No.

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 48

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Ray</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> | |
| b. CITY OR TOWN <u>Richmond</u> | c. LENGTH OF STAY (in this place) <u>1 day</u> | c. CITY OR TOWN <u>Rural - Grapes Grove</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>814 North Main</u> | | d. STREET ADDRESS (If rural, give location) <u>1/2 mile N.E. Millville</u> <u>0890</u> | |

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|---|------------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLA</u> | b. (Middle) <u>CASSANDRA</u> | c. (Last) <u>MACEY</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 - 1951</u> |
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|----------------------|-------------------------------|---|--|---|---|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>August 2, 1884</u> | 9. AGE (In years last birthday) <u>66</u> MONTHS <u>06</u> DAYS <u>06</u> | 10. UNDER 1 YEAR Hours <u>00</u> Min. <u>00</u> | 11. UNDER 1 HR. Hours <u>00</u> Min. <u>00</u> |
|----------------------|-------------------------------|---|--|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u> | 11. BIRTHPLACE (State or foreign country) <u>Boston, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Simon Robinson</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna Heubrich</u> | 14. NAME OF HUSBAND OR WIFE <u>Walter Elmer Macey</u> |
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| 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 <u>F. E. Macey, Richmond, Missouri</u> | ADDRESS _____ |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>one hour</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left lower lobe - lobar pneumonia</u> <u>2 days</u> DUE TO (c) <u>Carcinoma of left breast metastatic</u> <u>5 years</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>170x</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| | | |
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| 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) (Min.) _____ | 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 12/30, 1950, to 7/8, 1951, that I last saw the deceased alive on 7/8, 1951, and that death occurred at 6:38 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>M. L. Masterson, M.D.</u> | 23b. ADDRESS <u>Richmond, Mo.</u> | 23c. DATE SIGNED <u>7/11/51</u> |
|---|-----------------------------------|---------------------------------|

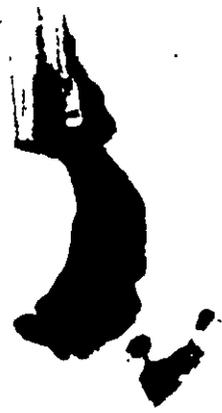
| | | | |
|---|-------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 9, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u> | 24d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>July 12 - 1951</u> | REGISTRAR'S SIGNATURE <u>Malal Jackson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Quest-Like Funeral</u> | ADDRESS <u>Richmond, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

89



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 George Lila

Licensed Embalmer No. 4066

P. O. Address Richmond, Va

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.