

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24352

State File No. ....

FILED JUL 27 1953

|   |                                  |  |  |   |   |  |                           |
|---|----------------------------------|--|--|---|---|--|---------------------------|
| BIRTH NO. _____   |                                  | REG. DIST. NO. <u>116</u>  |  | PRIMARY REG. DIST. NO. <u>3020</u>  |   | Registrar's No. <u>138</u>   |                           |
| 1. PLACE OF DEATH   |                                  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).                |   |  |                           |
| a. COUNTY<br><b>Franklin</b>  |                                  | b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Washington</b>  |  | a. STATE<br><b>Missouri</b>   |   | b. COUNTY<br><b>Warren</b>   |                           |
| c. CITY OR TOWN<br><b>Washington</b>  |                                  | c. LENGTH OF STAY (In this place)<br><b>20 days</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Charrette Township</b>     |   | d. STREET ADDRESS (If rural, give location)<br><b>3 miles west of Marthasville</b> |                           |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Francis Hospital</b>  |                                  |  |  | d. STREET ADDRESS (If rural, give location)<br><b>3 miles west of Marthasville</b>                    |   |  |                           |
| 3. NAME OF DECEASED (Type or Print)   |                                  |  | 4. DATE OF DEATH   |   |   |  |                           |
| a. (First)<br><b>Margaret</b>   | b. (Middle)<br><b>Elizabeth</b>  | c. (Last)<br><b>Massmann</b>   | Month<br><b>July</b>   | Day<br><b>22</b>  | Year<br><b>'53</b>  |  |                           |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>   | 8. DATE OF BIRTH<br><b>June 30, 1881</b>                           | 9. AGE (In years last birthday)<br><b>72</b>  | IF UNDER 1 YEAR<br>Months   | IF UNDER 1 YEAR<br>Days  | IF UNDER 24 HRS.<br>Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Moselle, Missouri</b>                        |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                      |                           |
| 13a. FATHER'S NAME<br><b>William Finder</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Bernadine Strategier</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Henry Massmann</b>  |   |  |                           |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS<br><b>William Massmann, 909 E. 3rd, Washington, Mo.</b> |   |  |                           |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH   |                           |
|   |                                  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of L. Breast</b>   |  |   |   | <b>1 yr</b>  |                           |
|   |                                  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><b>DUE TO (b) Metastasis of Liver</b> |  |   |   | <b>6 mo</b>  |                           |
|   |                                  | <b>DUE TO (c)</b>  |  |   |   |  |                           |
|   |                                  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                            |  |   |   |  |                           |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><b>170X</b>  |  |   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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>July 4</u> , 19 <u>53</u> , to <u>July 22</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>July 23</u> , 19 <u>53</u> , and that death occurred at <u>2:40</u> p.m., from the causes and on the date stated above. |                                  |  |  |   |   |  |                           |
| 23a. SIGNATURE (Degree or title)<br><b>J.P. Johnson M.D.</b>  |                                  |  |  | 23b. ADDRESS<br><b>Marthasville Mo</b>  |   | 23c. DATE SIGNED<br><b>7/23/52</b>   |                           |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 24b. DATE<br><b>July 25, '53</b>   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>St. Ignatius Cemetery</b> |   | 24d. LOCATION (City, town, or county) (State)<br><b>Concord Hill, Mo.</b> |  |                           |
| DATE REC'D BY LOCAL REG.  |                                  | REGISTRAR'S SIGNATURE<br><b>J.P. Johnson</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Fred W. Lichtrberg</b>   |   | ADDRESS<br><b>Marthasville Mo</b>  |                           |

(Licensed Embalmer's Statement on Reverse Side)

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

6.300  
0.48

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

*Fred W. Lichtenberg*

Licensed Embalmer No. *1321*

P. O. Address

*Marthasville*

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.