No. 300
10.48

Dr. Kaiser

FILED AUG 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29488

State File No.

BIRTH NO. REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 136

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti
c. LENGTH OF STAY (In this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pemiscot Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural HC Pascola
d. STREET ADDRESS (If rural, give location): 5 mi. N.W. Hayti, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Effie b. (Middle) I c. (Last) MASSEY
4. DATE OF DEATH (Month) Aug (Day) 23 (Year) 1953
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 4, 1885
9. AGE (In years last birthday): 67 — If under 1 year: Months 8, Days 16; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (City and State or Foreign Country): Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: James Hawkins
13b. MOTHER'S MAIDEN NAME: Mary E. Webb
14. NAME OF HUSBAND OR WIFE: Harvey Massey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, place war or dates of service): no.
16. SOCIAL SECURITY NO.: No.
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Harvey L. Massey Hayti Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum
DUE TO (b) Metastasis to all abdominal
DUE TO (c) viscera.

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

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* 7-20, 1953, *to* 8-23, 1953, *that I last saw the deceased alive on* 8-23, 1953, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. D. Kaiser (Degree or title) M.D.
23b. ADDRESS: 223 S. 3rd. Hayti Mo.
23c. DATE SIGNED: 8-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 24-53
24c. NAME OF CEMETERY OR CREMATORY: Dry Bayou
24d. LOCATION (City, town, or county) (State): Pemiscot Co. Mo.

DATE REC'D BY LOCAL REG.: 8-25-53
REGISTRAR'S SIGNATURE: John H. German
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: La Forge and Co. Caruthersville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

8-276-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

AUG 28 1953

OCT 27 1953

OCT 13 1953

JUL 19 1954

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 Noel C Deere

Licensed Embalmer No. 394

P. O. Address Caruthersville

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.