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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40076**

FILED NOV 23 1953

BIRTH NO.		REG. DIST. NO. 307	PRIMARY REG. DIST. NO. 6046	Registrar's No. 30
1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St Charles		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wentzville Caddaway 3 1/2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wentzville Purd 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION RAND 0		d. STREET ADDRESS (If rural, give location) 4 1/2 mi South		
3. NAME OF DECEASED (Type or Print) John Fredrich William Massmann			4. DATE OF DEATH (Month) (Day) (Year) Nov 12 1953	
5. SEX 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 26-1875	9. AGE (In years last birthday) Months Days Hours Mins. 77 11 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Wentzville Mo
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Carl H. Massmann		
13b. MOTHER'S MAIDEN NAME Margaretha Weinsick		14. NAME OF HUSBAND OR WIFE Eugenie Knaernschild (Deceased)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME Theodor Massmann Wentzville
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thromboses		INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion		DUE TO (c)		2 yrs
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			20. AUTOPSY? 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) 4201		
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 Jan 1 , 19 51 , to Nov , 19 53 , that I last saw the deceased alive on 11/3 , 19 53 and that death occurred at 3:00 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE Z. C. Mc Murray MD		23b. ADDRESS Wentzville Mo		23c. DATE SIGNED 11/13/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 15 1953	24c. NAME OF CEMETERY OR CREMATORY St Paul Lutheran	24d. LOCATION (City, town, or county) (State) New Medle Mo	
DATE REC'D BY LOCAL REG. Nov 18 1953	REGISTRAR'S SIGNATURE Martin J. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE E. Pitman ADDRESS Funeral Home		
(Licensed Embalmer's Statement on Reverse Side) Wentzville Mo				

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

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 Janetta M. Adams

Licensed Embalmer No. 3055

P. O. Address Keokukville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.