

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 966  
REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 129

FILED FEB 8 1954

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

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>Springfield</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1419 Wabash</b>	
3. NAME OF DECEASED (Type or Print) <b>CHARLES</b>		a. (First) <b>E.</b>	b. (Middle) <b>MASSENGILL</b>
c. (Last) <b>MASSENGILL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 3, 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>16 Oct. 1872</b>
9. AGE (In years last birthday) <b>81</b>		10. IF UNDER 1 YEAR (Months) (Days)	11. IF UNDER 24 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad Employee</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>George Massengill</b>	
13b. MOTHER'S MAIDEN NAME <b>Eliza Johnson</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Massengill</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mary Massengill</b>		ADDRESS <b>Springfield, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uraemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arterio sclerosis</b>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death <b>Adeno carcinoma sigmoid</b>		<b>Males Colon</b>	
20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?	
19a. DATE OF OPERATION <b>Jan 27 54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Adeno carcinoma sigmoid 4500 H</b>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>Jan 20, 1954</b> , to <b>Feb 3, 1954</b> , that I last saw the deceased alive on <b>Feb 3, 1954</b> and that death occurred at <b>9:30 P.M.</b> , from the causes and on the date stated above.		21f. HOW DID INJURY OCCUR?	
22a. SIGNATURE <b>J. Weston Workman</b>		23a. ADDRESS <b>Springfield, Mo.</b>	
22b. DATE SIGNED <b>2-4-54</b>		23b. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2-4-54</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Gre enlaw Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Springfield Missouri</b>	
DATE REC'D BY LOCAL REG. <b>2-4-54</b>		REGISTRAR'S SIGNATURE <b>John Williamson</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>J.W. KLINGNER &amp; CO.</b>		ADDRESS <b>Springfield, MO.</b>	

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.....  
Signature of Student Embalmer

Signed *Ogle Slone Jr*.....

Licensed Embalmer No. *417*.....

P. O. Address *Springfield*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.