

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4356

State File No.

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived.) a. STATE <u>Mo</u> b. COUNTY <u>Maries</u>	
b. CITY OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Vienna</u>	
c. LENGTH OF STAY (in this place) <u>18 days</u>		d. STREET ADDRESS (If rural, give location) <u>Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>JUSAN</u>	a. (First)	b. (Middle)	c. (Last) <u>MASSEY</u>	4. DATE OF DEATH <u>7</u> (Month) <u>28</u> (Day) <u>1954</u> (Year)
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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>July 12, 1880</u>	9. AGE (In years last birthday) <u>73</u> Months <u>7</u> Days <u>16</u>	IF UNDER 1 YEAR IF UNDER 28 HRS. Hours Min.
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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>Maries County, Mo.</u>	12. CITIZENSHIP OF WHAT COUNTRY <u>USA</u>
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13. FATHER'S NAME <u>Richard Lawson</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Lawson</u>	14. NAME OF HUSBAND OR WIFE <u>G.B. Massey</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>G.B. Massey</u> ADDRESS <u>Vienna, Mo.</u>
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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, asphyxia, 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) <u>Pulmonary embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Phlebotomiasis, post-op</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>2/12/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma, return</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 2/10, 1954, to 2/23, 1954, that I last saw the deceased alive on 2/28, 1954, and that death occurred at 11:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>503 E. High St. No.</u>	23c. DATE SIGNED <u>3/1/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Final</u>	24b. DATE <u>3/2/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vienna Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Vienna, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>March 1 - 1954</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Vienna, Mo.</u>
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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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *M. P. Cunningham*

Licensed Embalmer No. *3664*

P. O. Address *Anna Mo.*

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.