

FILED AUG 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28213

0580

BIRTH NO. _____ REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 5691 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Township</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles N.W. of Laclede</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles N.W. of Laclede</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles N.W. of Laclede</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEE</u> b. (Middle) <u>STERLING</u> c. (Last) <u>MASSEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-6-54</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-20-85</u>
9. AGE (In years last birthday) <u>69</u>	# UNDER 1 YEAR (Months) _____	# UNDER 1 Wk. (Days) _____	# UNDER 1 Min. (Hours) _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Charles Massey</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie Hopper</u>	14. NAME OF HUSBAND OR WIFE <u>Hester</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or name of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hester Massey, Laclede, Mo</u>	
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.			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hr</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Aug 6, 1954</u> , to <u>Aug 6, 1954</u> , that I last saw the deceased alive on <u>Aug 6, 1954</u> , and that death occurred at <u>12:10 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. H. Patton</u>		23b. ADDRESS <u>Brookfield mo.</u>	23c. DATE SIGNED <u>Aug 6-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>8-8-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laclede Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Laclede, Missouri</u>
DATE REC'D BY LOCAL REG <u>Aug 8-1954</u>	REGISTRAR'S SIGNATURE <u>Chris A. Martens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brothers</u>	ADDRESS <u>Laclede Missouri</u>

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 W. L. Wright

Licensed Embalmer No. 4655

P. O. Address Leeds, Missouri

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.