

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **37754**

FILED NOV 26 1954

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **543**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN	
c. LENGTH OF STAY (In this place) 15 MIN		d. Is Residence within limits of a city or incorporating town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION.		e. STREET ADDRESS (If rural, give location) 200 1/2 MAIN	

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) ROBERT c. (Last) MASSEY			4. DATE OF DEATH (Month) (Day) (Year) NOV 8 1954		
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5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED DIVORCED		8. DATE OF BIRTH SEPT 21, 1880		9. AGE (In years last birthday) 74		10. UNDER 1 YEAR Days _____		11. UNDER 2 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) LABORER			10b. KIND OF BUSINESS OR INDUSTRY BEVERAGE			11. BIRTHPLACE (City and State or Foreign Country) CAMDEN, MO			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME SAM MASSEY			13b. MOTHER'S MAIDEN NAME MARY PARON			14. NAME OF HUSBAND OR WIFE _____		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 520-05-1028		17. INFORMANT'S SIGNATURE OR NAME MRS. GERALDINE KOLLER KE MO				ADDRESS _____	
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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, asthenia, 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) Cosmopolitan Hotel							
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis generalized							
		DUE TO (c) All dead in front of Grand Hotel.							
		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 4201						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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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?	
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22. I hereby certify that I attended the deceased from **did not attend**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Witnessed from Jasper County			23b. ADDRESS 200 1/2 Main, Joplin, Mo			23c. DATE SIGNED 11-13-54		
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV 10, 1954		24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEM		24d. LOCATION (City, town, or county) (State) JOPLIN MO	
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DATE REC'D BY LOCAL REG. 11-16-54		REGISTRAR'S SIGNATURE Jasper		138		5. FUNERAL DIRECTOR'S SIGNATURE Hurtlock		ADDRESS Joplin	
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed NOV 24 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.....
Signature of Student Embalmer

Signed..... *Paul G. [Signature]*

Licensed Embalmer No. 48

P. O. Address *[Signature]*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**