

FILED MAY 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14462

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Washington Twp., Vernon</u>		c. LENGTH OF STAY (in this place) <u>12 1/2</u>	c. CITY OR TOWN <u>Springfield</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital, Nevada, Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>703 East Walnut</u>		f. ADDRESS <u>703 East Walnut</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLA</u> b. (Middle) <u>J.</u> c. (Last) <u>MASSEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 30 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 23 1873</u>	9. AGE (In years, last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housemother</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housemother</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Nevada, Mo.</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Hubbard F. Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Stephania Richardson</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mildred M. Cotton, Rockton, N.J.</u>	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, 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>Arterio sclerotic heart disease</u>		<u>Blank</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u>		<u>Blank</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>4200</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)
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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 Apr 30 1955, to Apr 30 1955, that I last saw the deceased alive on Apr 30 1955, and that death occurred 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George M. Rosteler, M.D.</u>	23b. ADDRESS <u>State Hosp, No. 3, Nevada, Mo</u>	23c. DATE SIGNED <u>4/30/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-30-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield Mo.</u>
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DATE REC'D BY LOCAL REG <u>5-5-1955</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hermon Schmeisser</u>	ADDRESS <u>Springfield, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Francis Cor. Marsh*.....

Licensed Embalmer No. *4973*

P. O. Address *Newada, N.*

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.