

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33405**
4494

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4494</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson City, Mo.</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>		c. CITY OR TOWN <u>Missouri City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Childrens Mercy Hospital</u>				STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David Samuel</u> b. (Middle) _____ c. (Last) <u>Massey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-19-1955</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>2-1-43</u>		9. AGE (to years last birthday) <u>12</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>General Hospital, K.C. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Massey</u>			13b. MOTHER'S MAIDEN NAME <u>Daisy Ruby Massey Sandberg</u>		14. NAME OF HUSBAND OR WIFE _____		
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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Daisy Ruby Massey Sandberg, Mo. City, Mo.</u>				ADDRESS _____
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>aspiration pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral anoxia</u>						
	DUE TO (c) <u>strangulation</u>					<u>ca 260</u>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>congestion of kidneys. endocardial petekiae</u>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, lab., factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Missouri City</u> (COUNTY) <u>Clay</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-14-55</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>choked putting up basketball goal</u>			
22. I hereby certify that I attended the deceased from <u>10-15-1955</u> , to <u>10-19-1955</u> , that I last saw the deceased alive on <u>11-19-1955</u> , and that death occurred at <u>10:29</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wayne Hart</u> (Degree or title) _____				23b. ADDRESS/ <u>Childrens Mercy Hosp</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-19-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Missouri City</u>		24d. LOCATION (City, town, or county) (State) <u>Missouri City Clay Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-20-55</u>		REGISTRAR'S SIGNATURE <u>Reva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Elizabeth Fernald</u> ADDRESS _____			

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
Signature of Student Embalmer

Signed *Charles J. Tyle*

Licensed Embalmer No. *45*

P. O. Address *Liberty*

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.