

FILED OCT 2 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

29766

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>3003</u>		Registrar's No. <u>102</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Barry</u>		b. CITY (If outside corporate limits, give RURAL and give town) <u>Monett Mo</u>		c. LENGTH OF STAY (If this place) <u>2 days</u>		a. STATE <u>Mo</u>	
b. CITY (If outside corporate limits, give RURAL and give town) <u>Monett Mo</u>		c. LENGTH OF STAY (If this place) <u>2 days</u>		c. CITY OR TOWN <u>Fairview</u>		b. COUNTY <u>Newton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's</u>				d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>30</u>			
e. STREET ADDRESS (If rural, give location) <u>1 mile west of Fairview Mo</u>							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>EARL</u>	b. (Middle) <u>GUY</u>	c. (Last) <u>MESSECAR</u>	Month <u>Sept</u>	Day <u>22</u>	Year <u>1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>7-28-1906</u>	9. AGE (In year, last birthday) <u>50</u>	If UNDER 1 YEAR Months <u>1</u>	If UNDER 1 HRS. Days <u>24</u>	Hours <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Spring Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Gene Messacar</u>		13b. MOTHER'S MAIDEN NAME <u>Sue Budger</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. E.G. Messacar</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>446-07-1460</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E.G. Messacar</u>			
				ADDRESS <u>Fairview 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pancreatitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</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"/>	
						<u>5870</u>	
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>9-20, 1956</u> to <u>9-22, 1956</u> , that I last saw the deceased alive on <u>9-22, 1956</u> , and that death occurred at <u>12:50 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles A. Spears MD</u>				23b. ADDRESS <u>Pierce City, Mo</u>		23c. DATE SIGNED <u>9-22-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept 21-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stillwater Okla</u>		24d. LOCATION (City, town, or county) (State) <u>Stillwater Okla</u>	
DATE REC'D BY LOCAL REG. <u>9-24-56</u>		REGISTRAR'S SIGNATURE <u>Mrs P.N. Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilks Bros</u>			
				ADDRESS <u>Pierce City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

**BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.**

NO. 1056-164

DATE REC. 10-1-56

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~~ Edwin Wilks....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edwin Wilks.....

Licensed Embalmer No. 410

P. O. Address Pine Bluff

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.