

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020693
STATE FILE NUMBER

MAY 27 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 91

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> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Merida</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>El Dorado Springs</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Merida City Hosp</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>705 S. Main</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>M.</u> Last <u>MESSICK</u>			4. DATE OF DEATH Month <u>5</u> Day <u>22</u> Year <u>58</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 16 1912</u>	9. AGE (In years) <u>46</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming.</u>	11. BIRTHPLACE (City and state or country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>GEORGE H. MESSICK</u>	13b. MOTHER'S MAIDEN NAME <u>DORCAS A. BUSK</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NIL</u>	17. INFORMANT <u>Robert L. Magee, M.D.</u> Address <u>El Dorado Springs, Missouri.</u>
---	---------------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary occlusion</u>	
	DUE TO (c) <u>Coronary arteriosclerosis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4201</u>
20c. TIME OF INJURY Hour <u>7:55</u> Month, Day, Year a.m. <u>P.</u> p.m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>El Dorado Springs, Mo.</u>	COUNTY	STATE
---	--	---	--------	-------

21. I attended the deceased from Jan 1958 to May 22, 1958 and last saw him alive on 5-12-58
Death occurred at 7:55 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert L. Magee</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>El Dorado Springs, Mo.</u>	22c. DATE SIGNED <u>5-24-58</u>
--	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-26-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Meadeville Home</u>	23d. LOCATION (City, town, or county) (State) <u>Meadeville, Kans</u>
--	-----------------------------	--	--

24. FUNERAL DIRECTOR <u>Magee El Dorado Springs Mo</u>	ADDRESS <u>5-24-58</u>	25. DATE RECD. BY LOCAL REG. <u>5-24-58</u>	26. REGISTRAR'S SIGNATURE <u>Ormal J. Perry</u>
---	---------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 9 1959

SEP 19 1958

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 *Hugh S. Allen*

Licensed Embalmer No. *3844*

P. O. Address *E. Reno & Co. Sp*

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.