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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-025194
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 763

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hosp. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pulaski
c. CITY OR TOWN Richland 0850 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) None — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First EDWARD Middle Last MASSEY
4. DATE OF DEATH Month August Day 1 Year 1958
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 20 May 1887
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Columbus Massey
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Junie Massey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Junie Massey Address Richland, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH SEVERAL YEARS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
DIABETES MELLITUS 4221
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/4/55 to 8/1/58 and last saw her (him) alive on 8/1/58
Death occurred at 8:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Glenn O. Turner, M.D. (Degree or title)
22b. ADDRESS 609 Cherry Springfield Mo.
22c. DATE SIGNED 8/2/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8-2-58
23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery
23d. LOCATION (City, town, or county) Richland, Missouri (State)

24. FUNERAL DIRECTOR ADDRESS HEDGES FUNERAL HOME Richland, Mo.
25. DATE RECD. BY LOCAL REG. 8-6-58
26. REGISTRAR'S SIGNATURE Effie B. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

## 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 .....

Licensed Embalmer No. .....

P.O. Address .....

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.