

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-047071

State File No. ....

FILED JAN 23 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>	
c. CITY OR TOWN <u>Van Buren</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>Poplar Bluff Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Van Buren</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>		b. (Middle) <u>V.</u>	
c. (Last) <u>MASSEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-29-58</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>3-5-1879</u>
9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Ret. Barber</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Barber</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New York, New York</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Un Known</u>		13b. MOTHER'S MAIDEN NAME <u>Un Known</u>	
14. NAME OF HUSBAND OR WIFE			
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>408-24-9732</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Earl V. Massey</u>		ADDRESS <u>Box 2024 Corpus Christi, TX</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> ANTECEDENT CAUSES DUE TO (b) <u>Infarct cardiac</u> DUE TO (c) <u>Coronary sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>		<u>1 wk</u> <u>unknown</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)	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>12-27, 1958</u> , to <u>12-29, 1958</u> , that I last saw the deceased alive on <u>12-28, 1959</u> , and that death occurred at <u>2:30 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. Macaulay M.D.</u>		23b. ADDRESS <u>Poplar Bluff, Mo</u>	23c. DATE SIGNED <u>1-12-59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Aerial</u>	24b. DATE <u>12-31-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Yount Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Reynolds County, Mo</u>
DATE REC'D BY LOCAL REG. <u>1/17/59</u>	REGISTRAR'S SIGNATURE <u>R. Mueller</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. Spadden Van Buren, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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..... *Arthur C. McSpencer*

Licensed Embalmer No. *454*

P. O. Address *Van Buren,*

**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.**