URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-040852

STATE FILE NUMBER

FILED VS NOV 24 1959

Registration District No. 179 Primary Registration District No. 4287 ~~4287~~ Registrar's No. 102

ENDED

1. PLACE OF DEATH
a. COUNTY: LINCOLN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: TROY — Length of stay in 1b: 3 WKS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 521 E. Cherry — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lincoln
c. CITY OR TOWN: WHITESIDE — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): RFD — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: MARY Middle: ETTA Last: JEFFRIES
4. DATE OF DEATH: Month: Nov. Day: 16 Year: 1959
5. SEX: Female
6. COLOR OR RACE: white
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 8/25/72
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (City and state or country): LINCOLN COUNTY, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: W. A. GRAVES
13b. MOTHER'S MAIDEN NAME: ANNA MARGARET MASSIE
14. NAME OF HUSBAND OR WIFE: J. WESLEY MASSIE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: BESSIE CHANDLER Address: TROY, 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): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Congestive heart disease — 9
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] 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 Nov. 16 1959, to _____ and last saw her/him alive on Nov. 16, 1959
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. J. Kelley (Degree or title): D.O.
22b. ADDRESS: Troy Mo
22c. DATE SIGNED: Nov. 18, 59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: Nov. 19, 1959
23c. NAME OF CEMETERY ~~OR CREMATORY~~: CITY CEMETERY
23d. LOCATION (City, town, or county) (State): ELSBERRY, Mo.
24. FUNERAL DIRECTOR: O. C. Ricks ADDRESS: Elsberry, Mo.
25. DATE RECD. BY LOCAL REG.: Nov. 18-1959
26. REGISTRAR'S SIGNATURE: Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4012

P. O. Address Elsberry,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.