

FEDERAL BUREAU OF INVESTIGATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 045059

ILLD VS DEC 23 1959

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 161

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ft Leonard Wood, Mo		Length of stay in 1b		c. CITY OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mackenzie Drive			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 436 Harrison St		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Edward Middle Clayburne Last Massey				4. DATE OF DEATH Month Dec Day 14 Year 59									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/4/25		9. AGE (last birthday) 34		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver				10b. KIND OF BUSINESS OR INDUSTRY Hiland Milk Co		11. BIRTHPLACE (City and state or country) Richland, Missouri			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Deceased				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Nadine V. Massey					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 37 months				16. SOCIAL SECURITY NO. 487-22-2084		17. INFORMANT Nadine V. Massey		Address 436 Harrison Lebanon, Missouri					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest DUE TO (b) Myocardial infarction DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Coroner informed									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year Dec 14 59		Cause of death determined by autopsy although autopsy was performed because deceased was involved in truck accident.											
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road		20f. CITY, TOWN, OR LOCATION Ft Leonard Wood		COUNTY Pulaski		STATE Mo					
21. I saw the deceased on 14 Dec 59 , to 12:20 P on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at _____													
22a. SIGNATURE <i>Hans H Baruch</i> (Degree) HANS H. BARUCH, Capt, MG				22b. ADDRESS US Army Hospital Ft Leonard Wood, Missouri				22c. DATE SIGNED 15 Dec 59					
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Dec. 17, 1959		23c. NAME OF CEMETERY OR CREMATORY Mt. Rose Memorial Park		23d. LOCATION (City, town, or county) (State) Lebanon, Laclede, Mo.							
24. FUNERAL DIRECTOR <i>A. Shadd</i> Lebanon, Missouri				25. DATE RECD. BY LOCAL REG. 12-15-59		26. REGISTRAR'S SIGNATURE <i>Louis G. Anderson</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 29 1959

JAN 20 1960

JAN 5 1960

STATEMENT BY LICENSED EMBALMER

DEC 29 1959

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 _____

Signed _____

Signature of Student Embalmer

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.