JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-002369

STATE FILE NUMBER

FILED VS JAN 22 1960

NDED

Registration District No. 383 Primary Registration District No. 5647 Registrar's No. 156

1. PLACE OF DEATH
a. COUNTY: Lawrence County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Route 1 Monett
Length of stay in 1b: 1 month
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Crestview Nursing Home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Marionville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Sarah Middle: Jane Last: Massengill
4. DATE OF DEATH: Month: January Day: 18 Year: 1960
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5-28-1868
9. AGE (last birthday): 91
IF UNDER 1 YEAR: Months: 7 Days: 21
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Boone County, Missouri
12. CITIZEN OF WHAT COUNTRY: U S A.
13a. FATHER'S NAME: Elija Hurst
13b. MOTHER'S MAIDEN NAME: not known
14. NAME OF HUSBAND OR WIFE: Isaac Massengill
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.: no
17. INFORMANT: Floyd Massengill Address: Marionville, 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): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Pyelonephritis — 6 months
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis, Generalized
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 July 1, 1959 to January 15, 1960 and last saw her alive on January 15, 1960
Death occurred at 8:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kenneth L. Kelsey MD
22b. ADDRESS: Aurora, Mo.
22c. DATE SIGNED: 1/18/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/21/60
23c. NAME OF CEMETERY OR CREMATORY: Greenlawn, Cemetery
23d. LOCATION (City, town, or county) (State): Springfield, Missouri.

24. FUNERAL DIRECTOR: J. B. Sunridge ADDRESS: Marionville, Mo.
25. DATE RECD. BY LOCAL REG.: 1-20-60
26. REGISTRAR'S SIGNATURE: H B Jones

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

FER 2

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 William A. Falks
Signature of Student Embalmer

Licensed Embalmer No. 4658

P. O. Address Marionvil

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.