

FILED VS JAN 18 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

=60-002647

STATE FILE NUMBER

Registration District No. 247 Primary Registration District No. 5840 Registrar's No. 2

7. S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wentworth Van Buren Twp		c. CITY OR TOWN Wentworth Van Buren Twp ⁰⁷³⁰⁰	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Hi-Way 37 1/2 mi North of Wentworth		d. STREET ADDRESS (If outside, give location) North 37	
3. NAME OF DECEASED (Type or print) First Sarah Middle Elizabeth Last Massey		4. DATE OF DEATH Month 1 Day 3 Year 1960	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4/1/1888
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) Garfield, Ark.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jessie Adams	
13b. MOTHER'S MAIDEN NAME Mary Bean		14. NAME OF HUSBAND OR WIFE Charles Massey (deceased)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mr. Jesse Massey Joplin, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broken Neck			INTERVAL BETWEEN ONSET AND DEATH Instant
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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) Was struck by car while walking on	
20c. TIME OF INJURY Hour 9 a.m. Month 1-3-1960 Day, Year		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Shoulder of Highway	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE Wentworth Newton 073 Mo.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 9 o'clock m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Corley Thompson Coroner 3		22b. ADDRESS Neosho Missouri	22c. DATE SIGNED 1/5/1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/6/1960	23c. NAME OF CEMETERY OR CREMATORY Sarcoux Cemetery	23d. LOCATION (City, town, or county) (State) Sarcoux, Missouri
24. FUNERAL DIRECTOR ADDRESS Wm. J. Fessell Pierce City, Mo.		25. DATE RECD. BY LOCAL REG. Jan 12, 1960	26. REGISTRAR'S SIGNATURE M. B. Young

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1-15-60

JAN 29 1960

JAN 20 1960

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed R. Gordon Bennett.....

Licensed Embalmer No. 4213.....

P. O. Address Mount, md.....

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.