URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-007372

STATE FILE NUMBER

FILED VS MAR 10 1960

ENDED

Registration District No. 244 Primary Registration District No. 4-360 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY New Madrid	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Portageville — Length of stay in 1b: 10 Yrs.	c. CITY OR TOWN Portageville — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 107 W. 5th, St. — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 107 W. 5th, St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: V.	Middle: R.	Last: Massey	4. DATE OF DEATH	Month: February	Day: 28	Year: 1960	
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 11-11-14	9. AGE (last birthday): 45	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): Automobile Dealer	10b. KIND OF BUSINESS OR INDUSTRY: Dealer	11. BIRTHPLACE (City and state or country): Arknasas	12. CITIZEN OF WHAT COUNTRY: U.S.A.					
13a. FATHER'S NAME: M. F. Massey	13b. MOTHER'S MAIDEN NAME: Myrtle Davis	14. NAME OF HUSBAND OR WIFE: Anna Mae Massey						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): X	16. SOCIAL SECURITY NO.: X	17. INFORMANT: Anna Mae Massey	Address: Portageville, Mo.				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute myocardial infarction	10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. — DUE TO (b)	Coronary occlusion	10 minutes
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 9 July 59 to 28 Feb 60 and last saw her/him alive on 28 Feb 60

Death occurred at 10:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. J. Smith (Degree or Title) M. D. — 22b. ADDRESS Portageville, Mo. — 22c. DATE SIGNED 29 Feb 60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 3-1-60	23c. NAME OF CEMETERY OR CREMATORY: Portageville Cemetery	23d. LOCATION (City, town, or county) (State): Portageville, Mo.	
24. FUNERAL DIRECTOR: Osburn Funeral Home	ADDRESS: Wardell, Mo.	25. DATE RECD. BY LOCAL REG.: 3-2-60	26. REGISTRAR'S SIGNATURE: Ellen D. Milem	

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed James G. Dobson

Signature of Student Embalmer

Licensed Embalmer No. 4185

P. O. Address Wardell, Mo.

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