URL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 29 1960

60-011628

STATE FILE NUMBER

NDED

Registration District No. 170 Primary Registration District No. — Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage
Length of stay in Ib life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Oakland Star Rt.
Inside Limits Yes ☐ No ☑

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

3. NAME OF DECEASED (Type or print) First Loren Middle Massey Last
4. DATE OF DEATH Month March Day 19 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/6/1914
9. AGE (last birthday) 46
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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Laclede Co. Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME John Massey
13b. MOTHER'S MAIDEN NAME Josey Piercy
14. NAME OF HUSBAND OR WIFE Velma Beatrice
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. 486-24-3065
17. INFORMANT Mrs Velma B. Massey Address Oakland, 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) Burned to death in car
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) getting car stuck in snow drift
DUE TO (c) Car got hot + burned with him inside
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. ☐ 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.) Burned to death inside stalled car
20c. TIME OF INJURY Hour 9:30 a.m. p.m. Month, Day, Year 3-19 60
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.) Near Elmer Broyles Farm
20f. CITY, TOWN, OR LOCATION Oakland Star Rt. COUNTY Laclede STATE Mo.
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 9:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE Stanley R Palmer (Degree or title) Coroner
22b. ADDRESS Lebanon, Mo.
22c. DATE SIGNED 3-21-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/23/1960
23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery
23d. LOCATION (City, town, or county) Oakland Mo. (State)
24. FUNERAL DIRECTOR Dorsey M. Howe ADDRESS Lebanon, Mo.
25. DATE RECD. BY LOCAL REG. 3-21-1960
26. REGISTRAR'S SIGNATURE Hella L. Gray

(Licensed Embalmer's Statement on Reverse Side)

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 No Embalming, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Dorsey M. Howe

Signature of Student Embalmer

Licensed Embalmer No. 422

P. O. Address Lebanon

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.