

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-018900**

**FILED VS JUN 15 1960**

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> <b>Dunklin</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett Mo.</b>		Length of stay in 1b <b>35 Years</b>		c. CITY OR TOWN <b>Kennett Mo.</b>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>Dunklin Memorial</b> INSTITUTION <b>Hospital</b>			Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		d. STREET ADDRESS (If outside, give location) <b>404 East 3rd St.</b>		Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
3. NAME OF DECEASED (Type or print) First <b>Clyde</b> Middle <b>Massey</b> Last <b>Massey</b>				4. DATE OF DEATH Month <b>June</b> Day <b>7th</b> Year <b>1960</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>2-12-1905</b>		9. AGE (last birthday) <b>55</b>		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) <b>Retired</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>		11. BIRTHPLACE (City and state or country) <b>Mississippi</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Wesley Massey</b>				13b. MOTHER'S MAIDEN NAME <b>Emma Wheelis</b>				14. NAME OF HUSBAND OR WIFE <b>Deceased</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>			16. SOCIAL SECURITY NO. <b>XX</b>		17. INFORMANT <b>Lillie Crawford Granite City ILL</b>		Address <b>Granite City ILL</b>						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cirrhosis of liver</b>										INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>			
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)								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 type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from <b>June 6, 1960</b> to <b>June 7, 1960</b> and last saw him alive on <b>June 7, 1960</b> Death occurred at <b>8.A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>C.R. Beck</b> (Degree or title) <b>M.D.</b>				22b. ADDRESS <b>Kennett Mo.</b>				22c. DATE SIGNED <b>6-10-60</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-10-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge Cemetery</b>		23d. LOCATION (City, town, or county) <b>Kennett</b>		STATE <b>Mo.</b>					
24. FUNERAL DIRECTOR <b>Lentz Service</b>				ADDRESS <b>Kennett Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>June 10-1960</b>		26. REGISTRAR'S SIGNATURE <b>Earl Husband</b>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Edgar Lee Foster

Licensed Embalmer No. 4433

P. O. Address Kennett Mo.

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