

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020279

FILED VS JUN 3 1960

Registration District No. 257 Primary Registration District No. 4889 Registrar's No. 33

STATE FILE NUMBER

|   |  |   |  |  |  |   |                                    |
|---|--|---|--|--|--|---|------------------------------------|
| 1. PLACE OF DEATH   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)        |  |   |                                    |
| a. COUNTY <u>Osage</u>  |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Linn</u>  |  | a. STATE <u>Missouri</u>   |  | b. COUNTY <u>Osage</u>  |                                    |
| Length of stay in lb<br><u>Life</u>   |  | c. CITY OR TOWN <u>Linn</u>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                    |  | d. STREET ADDRESS (If outside, give location)   |                                    |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>at her home</u>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | d. STREET ADDRESS  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |                                    |
| 3. NAME OF DECEASED (Type or print)   |  |   |  | 4. DATE OF DEATH   |  |   |                                    |
| First <u>Maggie</u>   |  | Middle -----  |  | Last <u>Messersmith</u>  |  | Month <u>May</u> Day <u>28</u> Year <u>1960</u>   |                                    |
| 5. SEX<br><u>female</u>   | 6. COLOR OR RACE<br><u>white</u>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>4/23/1901</u>               | 9. AGE (last birthday)<br><u>59</u>  | IF UNDER 1 YEAR<br>Months                          | IF UNDER 24 HR<br>Days  | Hours                              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>none</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>-----  |  | 11. BIRTHPLACE (City and state or country)<br><u>Linn</u>                                    |  | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |                                    |
| 13a. FATHER'S NAME<br><u>John Messersmith</u>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Nanny Huckstep</u> |  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Never Married</u>   |                                    |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |  | 16. SOCIAL SECURITY NO.<br><u>none</u>  |  | 17. INFORMANT<br>Address<br><u>Mrs Uel Benson Linn Mo</u>                                    |  |   |                                    |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinoma of scalp with metastases</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>8 mo</u>   |                                    |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Senescent chorion.</u>  |  |   |  |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |                                    |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour _____<br>a.m. _____<br>p.m. _____   | Month, Day, Year   |   |  |  |  |   |                                    |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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 <u>Aug 1959</u> to <u>May 28, 1960</u> and last saw her alive on <u>May 26, 1960</u><br>Death occurred at <u>11:40 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |  |  |  |   |                                    |
| 22a. SIGNATURE (Degree or title)<br><u>L. D. Klebl M.D.</u>   |  |   |  | 22b. ADDRESS<br><u>Jefferson City, Mo</u>  |  |   | 22c. DATE SIGNED<br><u>5-30-60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>  | 23b. DATE<br><u>5/31/60</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Linn Public Cemetery</u>   |  | 23d. LOCATION (City, town, or county)<br><u>Linn Mo</u>                                      |  | (State)   |                                    |
| 24. FUNERAL DIRECTOR<br><u>Clyde Morton</u>   |  |   | ADDRESS<br><u>Linn Mo</u>                          | 25. DATE RECD. BY LOCAL REG.<br><u>5/30/60</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Mrs Uel Benson</u> |   |                                    |

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn

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.