

URR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039395

FILED VS. OCT 20 1960

310

Primary Registration District No. 3058

Registrar's No. 203

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY St. Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		Length of stay in 1b 2 Hours	c. CITY OR TOWN St. Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2020 Sibley		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Claud M. Massie			4. DATE OF DEATH Month Day Year October 8 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 1/83	9. AGE (last birthday) 77	IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min. 5 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rt. Shoe-Worker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lincoln County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry F. Massie		13b. MOTHER'S MAIDEN NAME Emma Dryden		14. NAME OF HUSBAND OR WIFE Ethel Cunningham Massie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-09-5777	17. INFORMANT Address Mr. A. L. Massie, St. Charles, 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) Gastro-intestinal Hemorrhage with peripheral Vascular Collaps					INTERVAL BETWEEN ONSET AND DEATH 3 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) Unknown	
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary Arteriosclerosis				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 October 8, 1960 to October 8, 1960 and last saw ^{her} him alive on October 8, 1960 Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Don J. Randall M.D.			22b. ADDRESS 220 R 6th St. Charles, Mo.		22c. DATE SIGNED Oct 10, 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 11, 1960	23c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery	23d. LOCATION (City, town, or county) (State) Winfield, Mo.			
24. FUNERAL DIRECTOR Arthur C. Bae, St. Charles, Mo.		ADDRESS	25. DATE/RECD. BY LOCAL REG. Oct 11 - 60	26. REGISTRAR'S SIGNATURE Marella Wilson		

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 David P. Bane

Licensed Embalmer No. 5068

P. O. Address St. Charles

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.