

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

2175

-61-011240
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED VS MAR 16 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 2 Wks.	c. CITY OR TOWN Overland
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3720 Gordon (14)

3. NAME OF DECEASED (Type or print) First Dessie Middle Maxine Last Massey			4. DATE OF DEATH Month March Day 4 Year 1961		
5. SEX Female	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 10-4-25	9. AGE (last birthday) 35	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receptionist		10b. KIND OF BUSINESS OR INDUSTRY Over. Med. Center	11. BIRTHPLACE (City and state or country) Broken Bow, Okla. U.S.A.		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Grover Whitten		13b. MOTHER'S MAIDEN NAME Frances Wicker		14. NAME OF HUSBAND OR WIFE Douglas Massey	

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.	17. INFORMANT Douglas Massey, 3720 Gordon (14)
---	-------------------------	--

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) Wemic poisoning		1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Polycystic kidneys	35 mo
	DUE TO (c) 757.1	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		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 checked="" 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 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 **1958** to **3/4/61** and last saw ^{her} alive on **3/4/61**
Death occurred at **11:35A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert J. Koroh, M.D.	(Degree or title)	22b. ADDRESS 2428 Woodson Ave	22c. DATE SIGNED 3/4/61
--	-------------------	---	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Mar. 5-1961	23c. NAME OF CEMETERY OR CREMATORY Holly Creek Cemetery	23d. LOCATION (City, town, or county) (State) Broken Bow, Okla.
---	---------------------------------	---	---

24. FUNERAL DIRECTOR Earl Hilleman	ADDRESS Overland, Mo.	25. DATE RECD. BY LOCAL REG. MAR 4 1961	26. REGISTRAR'S SIGNATURE Roan Smith, M.D.
--	---------------------------------	---	--

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Earl F. Hilleman

Licensed Embalmer No.

3501

P. O. Address

Overland, Mo.

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.