# SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-042051
STATE FILE NUMBER

AMENDED

Registration District No. 394 Primary Registration District No. _____ Registrar's No. 126

FILED DEC 11 1961

1. PLACE OF DEATH
a. COUNTY Reynolds
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Logan Twnp — Length of stay in 1b insant
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1 Mi S. of Ellington on Highway 21 — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Reynolds
c. CITY OR TOWN Ellington — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: Benny Joe Massie
4. DATE OF DEATH Month Day Year: Dec 2, 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Widowed ☐ Never Married ☒ Divorced ☐
8. DATE OF BIRTH: May 10,1940
9. AGE (last birthday): 21 — 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): Dairy Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Dairy
11. BIRTHPLACE (City and state or country): Ellington, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Roy Massie
13b. MOTHER'S MAIDEN NAME: Blanche M. Bell
14. NAME OF HUSBAND OR WIFE: na

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) na
17. INFORMANT – Address: Bob Massie, Ellington, 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) Fractured 1st Cervical Vertebra
DUE TO (b) & other Internal Injuries From
DUE TO (c) Auto-accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1950, to Dec 2/61 and last saw her/him alive on D.O.A.
Death occurred at 12:00 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Russell Thaxton Mo. Corner
22b. ADDRESS: Ellington, Mo.
22c. DATE SIGNED: 12-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-6-61
23c. NAME OF CEMETERY OR CREMATORY: City
23d. LOCATION (City, town, or county) (State): Ellington, Mo.

24. FUNERAL DIRECTOR ADDRESS: Pewitt Funeral Home, Ellington, Mo.
25. DATE RECD. BY LOCAL REG.: 12-6-61
26. REGISTRAR'S SIGNATURE: Elma Tarwid

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

**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_____ Signed Chas S. Leavitt

Signature of Student Embalmer

Licensed Embalmer No. 4574

P. O. Address Ellington, 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.