MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011770
STATE FILE NUMBER

Registration District No. 125 Primary Registration District No. 3036 Registrar's No. 58

FILED MAR 22 1962

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Aurora
Length of stay in 1b: 1 week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Aurora Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Lawrence
c. CITY OR TOWN: Mt. Vernon
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 425 E. Cherry
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Hannah Middle: Minerva Last: Massey
4. DATE OF DEATH: Month: March Day: 19 Year: 1962
5. SEX: Female
6. COLOR OR RACE: colored
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11/10/1881
9. AGE (last birthday): 80
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): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Mt. Vernon, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Silas Lanigan
13b. MOTHER'S MAIDEN NAME: Sarah Jane Stith
14. NAME OF HUSBAND OR WIFE: George W. Massey – dec'd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Address: Ray C. Massey, Mt. Vernon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 15 yrs
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. ☐ 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 March 11-1962, to March 18 and last saw her/him alive on March 18, 1962
Death occurred at 6:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Geo. H. Hobler, M.D. (Degree or Title)
22b. ADDRESS: 107 W. Dallas – Mt Vernon Mo
22c. DATE SIGNED: 3/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3/21/62
23c. NAME OF CEMETERY OR CREMATORY: Ozark Prarie Cemetery
23d. LOCATION (City, town, or county) (State): Mt. Vernon, Mo.

24. FUNERAL DIRECTOR: Max L. Fossett ADDRESS: Mt. Vernon, Mo.
25. DATE RECD. BY LOCAL REG.: 3/21/62
26. REGISTRAR'S SIGNATURE: George Langley per L. Phillips

(Licensed Embalmer's Statement on Reverse Side)

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 Max L Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, 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.