

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012347

FILED APR 6 1962

STATE FILE NUMBER

Registration District No. 6048 Registrar's No. 4

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10920  
20920

3

4 1

5 0

6

7 0

8 2

9 170X

10

11

12 86-2

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>St. Charles</b>		a. STATE <b>Mo.</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>O'Fallon</b>		Length of stay in lb <b>2 1/2 Yrs.</b>	c. CITY OR TOWN <b>Wentzville</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Roeper Nursing Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>RR 1</b>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <b>Martha</b> Middle <b>Maria</b> Last <b>Johanna Massmann</b>		Month <b>April</b> Day <b>2</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/15/1884</b>
9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	11. BIRTHPLACE (City and state or country) <b>New Melle, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home Duties</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Carl Massmann</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Weinrich</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Wentzville, Missouri</b> <b>Theodore Massmann RR 1</b>
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) <b>INANITION - DEBILITATION</b>			<b>3 mos.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>MULTIPLE METASTATIC CARCINOMA</b>			<b>1 yr.</b>
DUE TO (c) <b>PRIMARY ADENOCARCINOMA, RT. BREAST</b>			<b>2 1/2 yrs.</b>
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. <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 <b>5:30</b> Month, Day, Year <b>11-19-57</b> to <b>4-2-62</b> and last saw her alive on <b>3-24-62</b>			
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 <b>5:30</b> to <b>4-2-62</b> and last saw her alive on <b>3-24-62</b> Death occurred at <b>A.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Warren B Hamilton, D.O.</b>		22b. ADDRESS <b>Wentzville, Mo.</b>	22c. DATE SIGNED <b>4/2/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/4/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Paul Lutheran</b>	23d. LOCATION (City, town, or county) <b>New Melle Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>F. E. Pitman Funeral Home 909 Pitman Ave. Wentzville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4/3/62</b>	26. REGISTRAR'S SIGNATURE <b>Eda K. Kelly</b>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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 Garlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

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.