

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043270

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. — Registrar's No. 199

VS 300 Rev. 4/59	DATE AMENDED	AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	1	0530
2								0530	
3									
4								0	
5								1	
6									
7								0	
8								2	
9								4200	
10									
11									
12								90-0	
13								1-0	
ITEM NO.	SHOULD READ								

1. PLACE OF DEATH <b>NOV 19 1962</b> a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Franklin</u>		Length of stay in lb <u>88 yrs</u>	c. CITY OR TOWN <u>Lebanon Rural</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Oakland Star Rte</u>		Inside limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Oakland Star Rte</u>	
3. NAME OF DECEASED (Type or print) First <u>Eli</u> Middle <u>Massey</u> Last <u></u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>8</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/16/74</u>	9. AGE (last birthday) <u>88</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm-</u>	11. BIRTHPLACE (City and state and country) <u>Laclede Co. Mo. U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Isaac Massey</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Bowman</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Massey</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Mrs. Frances Lewis Lebanon, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 mos.</u>
DUE TO (b) <u>Arteriosclerotic heart disease</u>				<u>years</u>
DUE TO (c) <u></u>				<u></u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>acute urinary retention - 3 wks.</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		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 <u>10-11-62</u> to <u>11-8-62</u> and last saw him alive on <u>10-27-62</u> Death occurred at <u>10: A</u> on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <u>B B Hurst, MD,</u>			22b. ADDRESS <u>255 N. ADAMS, LEBANON, MO.</u>	22c. DATE SIGNED <u>11-10-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/10/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Whitson Cemetery near Oakland, Mo.</u>	23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>Dorsey M. Howe Lebanon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-10-1962</u>	26. REGISTRAR'S SIGNATURE <u>Hella L. Hlay</u>	

STATE OF MISSOURI

**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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.

Permit issued 11-10-1962 D.S.M.