

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-047877

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. — Registrar's No. 189

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10-27-90
2/10/35

3
4 1
5 0
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9 X
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11 079
12 91-3
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 3 1969		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Perry		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union Twp.		a. STATE Mo. b. COUNTY Stoddard	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hwy. 61 South		Length of stay in 1b		c. CITY OR TOWN Dexter	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX	
First Linda Middle A. Last Massey		Month 12 Day 25 Year 62		F	
6. COLOR OR RACE W		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-8-62	
9. AGE (last birthday) 8		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) Dexter, Missouri	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Dee Massey		13b. MOTHER'S MAIDEN NAME Alowesa Baker		14. NAME OF HUSBAND OR WIFE	
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. None		17. INFORMANT Dee Massey, Dexter, 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) Skull fracture		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) impact Collesion			
		DUE TO (c) Colenar of Perry County, Mo.			
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) 2 car Collesion	
20c. TIME OF INJURY 2:00 p.m.		Month, Day, Year 12-25-62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy. 61 - Ced appleton Mo Perry Mo		20f. CITY, TOWN, OR LOCATION Mo Perry Mo		COUNTY STATE	
21. I attended the deceased from Colenar of Perry County, Mo. and last saw her alive on Colenar of Perry County, Mo.					
Death occurred at 2:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE [Signature]		22b. ADDRESS Colenar of Perry County, Mo.		22c. DATE SIGNED 12/26/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-28-62		23c. NAME OF CEMETERY OR CREMATORY Cemetary	
23d. LOCATION (City, town, or county) Minnows, Ark.		23e. DATE RECD. BY LOCAL REG. 12-26-62		23f. REGISTRAR'S SIGNATURE [Signature]	
24. FUNERAL DIRECTOR Young & Sons Perryville mo					

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, 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.