

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011261

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 431

**FILED MAR 25 1963**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Greene</b>           |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Springfield</b>   |   | Length of stay in lb<br><b>43 years</b>  | c. CITY OR TOWN <b>Springfield</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Burge Protestant Hosp.</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>1999 S. Oxford</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>      |
| 3. NAME OF DECEASED (Type or print)<br>First <b>JOHN</b> Middle <b>***</b> Last <b>MESSLEY</b>  |   |  | 4. DATE OF DEATH<br>Month <b>Mar.</b> Day <b>19,</b> Year <b>1963</b>  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9/29/1875</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Ret. Carpenter</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>General</b>  | 9. AGE (last birthday)<br><b>87</b>  |
| 11a. FATHER'S NAME<br><b>John Messley</b>   |   | 11b. MOTHER'S MAIDEN NAME<br><b>Annie King</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Clarksville, Tenn.</b>  |
| 12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)<br><b>No</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME<br><b>John Messley</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Annie King</b>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Lona Niva Messley</b>   |   | 17. INFORMANT <b>Springfield, Missouri.</b><br><b>4A Lona Niva Messley, 1999 S. Oxford,</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute pneumonia, generalized</b>   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   | 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>1950</b> to _____ and last saw <sup>her</sup> him alive on <b>3/18/63</b><br>Death occurred at <b>4:15</b> <b>A.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>Harrise Knabb MD</b>   |   | 22b. ADDRESS <b>1650 N. Jefferson Springfield, Mo.</b>   |  |
| 22c. DATE SIGNED<br><b>3-20-63</b>  |   |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>3/22/1963</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Greenlawn Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Springfield, Missouri.</b>   |
| 24. FUNERAL DIRECTOR<br><b>Ralph Thieme, 1200 Boonville Ave. Springfield, Missouri.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>3-22-63</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Effie E. Melton</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 Harold Tutrell

Licensed Embalmer No. 5079

P. O. Address Spfld, 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.

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