

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23215

State File No. \_\_\_\_\_

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>4214</u>		Registrar's No. <u>172</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Henry</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Henry</u>		admission).	
b. CITY OR TOWN <u>Deepwater</u>		c. LENGTH OF STAY (In this place) <u>25 years</u>		c. CITY OR TOWN <u>Deepwater Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (First) <u>CARRIE</u> (Middle) <u>Ivey</u> (Last) <u>Massey</u>			4. DATE OF DEATH (Month) <u>July</u> (Day) <u>27</u> (Year) <u>1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 24 1877</u>	9. AGE (In years last birthday) <u>71</u>	If under 1 year: Months <u>8</u> Days <u>3</u>	If under 1 hr. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert McKeaig</u>		13b. MOTHER'S MAIDEN NAME <u>Alfena Swindler</u>		14. NAME OF HUSBAND OR WIFE <u>Dave Massey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Dave Massey</u> ADDRESS <u>Deepwater Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory failure</u>				<u>2 days</u>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u>				<u>3 days</u>	
		DUE TO (c) <u>Arteriosclerosis</u>				<u>10 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>senile dementia</u>				<u>4500</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec</u> , 19 <u>48</u> , to <u>July</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 27, 1949</u> , and that death occurred at <u>7 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward Barnett, D.O.</u> (Degree or title)			23b. ADDRESS <u>Wetzel Hospital, Clinton Mo</u>			23c. DATE SIGNED <u>7/28/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/29/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englemund</u>		24d. LOCATION (City, town, or county) <u>Clinton</u> (State) <u>Mo</u>		
DATE REC'D BY LOCAL REG. <u>July 28 49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		GENERAL DIRECTOR'S SIGNATURE <u>J. C. Consoler</u>		ADDRESS <u>Clinton</u>	

RECEIVED

District Health Officer No. 71

District File Number 7-49-904

Date Filed 8-1-49

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 .....  
Student Embalmer

Signed

*J. E. Corroli*

Licensed Embalmer No. 1891

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.