

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1052**
Registrar's No. **28**

FILED FEB 4 1952

REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023**

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (in this place) 10 yr	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nursing Home		d. STREET ADDRESS (If rural, give location) 210 North Water	
3. NAME OF DECEASED (Type or Print) a. (First) EMERSON b. (Middle) ROSS c. (Last) MASSIE		4. DATE OF DEATH (Month) (Day) (Year) Jan 27 1952	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 8/25 1878
9. AGE (in years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work conducted during most of working life, even if retired) Retired machinist Eng department		10b. KIND OF BUSINESS OR INDUSTRY Woodspeed Ches	
11. BIRTHPLACE (State or foreign country) USA		12. CITY OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Isaac Massie		13b. MOTHER'S MAIDEN NAME Don't know	
14. NAME OF HUSBAND OR WIFE Don't know			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs Wm Jones		ADDRESS Clinton Mo	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE INTERVAL BETWEEN ONSET AND DEATH 3 DAYS ANTECEDENT CAUSES DUE TO (b) ARTHRITIS Interval 8 YR. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Hugh B Walker, MD. Coroner		23b. ADDRESS Clinton Mo	
23c. DATE SIGNED 28 Jan 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/29/1952	
24c. NAME OF CEMETERY OR CREMATORY Englewood Cem		24d. LOCATION (City, town, or county) (State) Clinton Mo	
DATE REC'D BY LOCAL REG Jan-29-52		REGISTRAR'S SIGNATURE Florence Adair	
422		25. FUNERAL DIRECTOR'S SIGNATURE J E Conrath	
		ADDRESS Clinton Mo	

MAR 20 1952

FEB 6 1952

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. Conrath

Licensed Embalmer No. 1891

P. O. Address Christon 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.