

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-043700

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 268

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 22 1965

VS 300
Rev. 4/59

1 0425

2 0425

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CLINTON</u>		Length of stay in 1b <u>27 years.</u>	c. CITY OR TOWN <u>CLINTON</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>212 WEST GREEN</u>
3. NAME OF DECEASED (Type or print) First <u>Nellie</u> Middle <u>Kenworthy</u> Last <u>Massie</u>		4. DATE OF DEATH Month <u>November</u> Day <u>17</u> Year <u>1965</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>CAUC.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-4-1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Millinery</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ready to wear.</u>	9. AGE (last birthday) <u>78</u>
11. BIRTHPLACE (City and state or country) <u>Peru, Indiana</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BEN MASSIE</u>		13b. MOTHER'S MAIDEN NAME <u>Phoebe Jane</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>		14. NAME OF HUSBAND OR WIFE <u>THURMAN MASSIE</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>MRS. NELL F. McFARLAND</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>carcinoma liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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 _____ a.m. _____ p.m. 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 <u>1960</u> , to <u>11-17-65</u> and last saw ^{her} him alive on <u>11-17-65</u> Death occurred at <u>9:25 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Hugh B Walker, MD</u>		22b. ADDRESS <u>Clinton, Mo</u>	22c. DATE SIGNED <u>11-18-65</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Nov. 20, 1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Clinton, Missouri</u>
24. FUNERAL DIRECTOR <u>Schaberg-Nichols Chapels</u>		ADDRESS <u>Clinton, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 18, 1965</u>
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Hugh Walker
Permit Obtained 11-18-65
M.B.

11-18-65

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 R.E. Nichols

Licensed Embalmer No. 4997

P. O. Address W. E. M.D.

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.