

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033968

STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 377

FILED OCT 3 1961

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Francois</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>                  |                                     |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Flat River</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  | c. CITY OR TOWN <u>Flat River</u>                                                                                                                           |                                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>210 Adam St</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  | d. STREET ADDRESS (If outside, give location)<br><u>210 Adam St</u>                                                                                         |                                     |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Hettie</u> Middle <u>Maude</u> Last <u>Massey</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  | 4. DATE OF DEATH<br>Month <u>Sept.</u> Day <u>24</u> Year <u>61</u>                                                                                         |                                     |
| 5. SEX<br><u>Female</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6. COLOR OR RACE<br><u>white</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>11/21/85</u> |
| 9. AGE (last birthday)<br><u>76</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | 10. IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>                                                                       |                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>laundry</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>laundry</u>                                                                                                         |                                     |
| 11. BIRTHPLACE (City and state or country)<br><u>St. Francois - Mo</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.</u>                                                                                                                  |                                     |
| 13a. FATHER'S NAME<br><u>Reece Alexander Cunningham</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Miranda Claywell</u>                                                                                                        |                                     |
| 14. NAME OF HUSBAND OR WIFE<br><u>Frank Massey (deceased)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>                                    |                                     |
| 16. SOCIAL SECURITY NO.<br><u>  </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  | 17. INFORMANT<br><u>Bessie Cunningham; 210 Adam St. Flat River, Mo.</u>                                                                                     |                                     |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arterio Sclerotic Heart Disease</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:<br>DUE TO (b) <u>  </u><br>DUE TO (c) <u>Arterio Sclerotic</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" 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.)<br><u>  </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  | 20c. TIME OF INJURY<br>Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u> Month, Day, Year <u>  </u>                                                              |                                     |
| 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.)<br><u>  </u>                                                       |                                     |
| 20f. CITY, TOWN, OR LOCATION<br><u>  </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  | COUNTY <u>  </u> STATE <u>  </u>                                                                                                                            |                                     |
| 21. I attended the deceased from <u>Jan 8-61</u> to <u>Sept 24-61</u> and last saw her alive on <u>Sept 20 61</u><br>Death occurred at <u>Flat River</u> m on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                                                                                                                                             |                                     |
| 22a. SIGNATURE<br><u>C. H. Appleberry</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  | 22b. ADDRESS<br><u>Flat River, Mo.</u>                                                                                                                      |                                     |
| 22c. DATE SIGNED<br><u>9-27-61</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  | 22d. DATE SIGNED<br><u>  </u>                                                                                                                               |                                     |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  | 23b. DATE<br><u>9/27/61</u>                                                                                                                                 |                                     |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>Parkview Cemetery</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  | 23d. LOCATION (City, town, or county)<br><u>St. Francois Co Mo.</u>                                                                                         |                                     |
| 24. FUNERAL DIRECTOR<br><u>Alvin W. Hood; Flat River, Mo.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>Sept. 27, 1961</u>                                                                                                       |                                     |
| 26. REGISTRAR'S SIGNATURE<br><u>Ethel Rudloff</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  | 26. REGISTRAR'S SIGNATURE<br><u>  </u>                                                                                                                      |                                     |

(Licensed Embalmer's Statement on Reverse Side)

1961 7 100

**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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address Flat River, 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.