

DEC 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38518
Do not use this space.

1. PLACE OF DEATH

(a) County Barton Registration District No. 10 17
(b) Township Union Primary Registration District No. 5060 Registered No. 7
(c) City..... (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leland Earl McCaslin

(a) Residence, No. Jewell Mo. R.F.D. #1 St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ✓
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 - 1924
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 4 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danforth Mo. R. 1
Barton Co. Missouri

FATHER 13. NAME Melvin McCaslin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jewell Mo. R. #1
Barton Co. Missouri

MOTHER 15. MAIDEN NAME Oliver Daugherty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jewell Mo. R. #1
Barton Co. Mo.

17. INFORMANT (ADDRESS) Melvin McCaslin

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheldon cemetery DATE Nov. 30, 1938

19. FUNERAL DIRECTOR (ADDRESS) J. B. Beamy & Sons
Sheldon Mo.

20. FILED Dec 2nd 1938 Martin Miller
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1938, to Nov 29, 1938, 1938.

I last saw him alive on Nov 28, 1938. Death is said to have occurred on the date stated above, at 12:10 pm.

The principal cause of death and related causes of importance were as follows:

Lymphosarcoma involving cervical, mediastinal and splenic glands. 1937

Other contributory causes of importance:

Name of operation Biopsy - Union of knee Date of Aug 1938
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 1938
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) Thomas G. Stewart, M.D.
(Address) Sheldon, Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12004

RECEIVED

District Health Officer No. 6,

District File Number 6-38-655

Date Filed DEC 6 1938

STATEMENT BY LICENSED EMBALMER

I, Carroll T. Beeny, Licensed Embalmer No. 2385
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Bernard Beeny
L. E.
No. _____ or by Bernard Beeny, Registered Apprentice No. 115
working under my personal supervision.

Signed Carroll T. Beeny
Licensed Embalmer No. 2385

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

385-18
Do not use this space.

1. PLACE OF DEATH
 (a) County Barton Registration District No. 1017
 (b) Township Union Primary Registration District No. 3060 Registered No.
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Leland Earl McCaslin
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
14 4 5

- OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 1955

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Lympho Sarcoma involving Cervical mediastinal and mesenteric glands (Primary in Mediastinum)

Date of onset

Other contributory causes of importance:

Biopsy of cervical gland via University of
Missouri Hospital - 1958
 Name of operation Date of

What test confirmed diagnosis? yes Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas G. Duell, M. D.

(Address) St. Louis, Mo.

SUPPLEMENT

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

