

JUL 19 1939

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

23149  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois 3 Registration District No. 773  
 (b) Township St. Francois 1 Primary Registration District No. 6018A  
 (c) City Near Farmington 1 (d) Street No. State Hospital No. 4 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.

Registered No. 106

2. PRINT FULL NAME 214 Louise Casebolt

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 Un. Un.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 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) Butler County  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Unknown 1

14. BIRTHPLACE (CITY OR TOWN) Indiana 1  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Records of State Hospital No. 4  
 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Taft, Mo. DATE 6-25 1939

19. FUNERAL DIRECTOR (NAME) Chas. Richardson  
 (ADDRESS) Farmington, Mo.

20. FILED June 24, 1939 T. J. Robinson  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-23 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-15 1938 to 6-23 1939

I last saw her alive on 6-23 1939. Death is said to have occurred on the date stated above, at 2:00 p.m.  
 The principal cause of death and related causes of importance were as follows:

Cellulitis of Face  
Etiological Agent  
not determined Date of onset June 14

Other contributory causes of importance:

Diabetes Mellitus ?

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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? No  
 If so, specify \_\_\_\_\_

(Signed) R. K. Kuhlman 1, M. D.

699 (Address) State Hosp. No. 4

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.

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**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Chas. Richardson* .....

Licensed Embalmer No..... *3167* .....

P. O. Address..... *Hampton* .....

**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, above space should be left blank.**