

JAN 11 1940

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

43118
Do not use this space.

1. PLACE OF DEATH
(a) County Clay Registration District No. 201
(b) Township Liberty Primary Registration District No. 5-2-50 3013
(c) City Liberty (d) Street No. _____ Registered No. 99
(e) Length of residence in city or town where death occurred 4 yrs. _____ mos. _____ ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
2. PRINT FULL NAME Joseph A. Cassain
(a) Residence, No. 263 317 1/2 S. 2nd 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Belle Stephens Cassain
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1859
7. AGE YEARS 80 MONTHS 0 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ministry of the Gospel
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) 1924 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danville, Ill.

FATHER 13. NAME David Cassain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danville, Ill.

MOTHER 15. MAIDEN NAME Mary Blankenship

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danville, Ill.

17. INFORMANT (ADDRESS) Mrs. Geo. W. Neal

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE Dec. 6, 1939

19. FUNERAL DIRECTOR (ADDRESS) Church-Ashe Co., Liberty, Mo.

20. FILED Jan 5 1940 W. H. Shaffer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4, 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1931 to Dec 4, 1939
I last saw him alive on Dec 4, 1939. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis Date of onset 1939
Cerebral Intermedulla 1930
Other contributory causes of importance: 920
Cerebral Hemorrhage 1931

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? no
If so, specify _____
(Signed) Burton Malby, M. D.
946 (Address) Liberty Mo.

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

STATEMENT BY LICENSED EMBALMER

I, Sam D. Church, Licensed Embalmer No. 3286

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Sam D. Church

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Sam D. Church

Licensed Embalmer No. 3286

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.)