. S. No. 2
00M—2-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37979

State File No.

FILED NOV 27 1946

Registration District No. 291

Primary Registration District No. 5988

Registrar's No. 83

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Rural Elm
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Livonia Mo. RFD 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Putnam
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Livonia, Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Stellie May Casady
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Pearley Casady
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Oct (Month) 27 (Day) 1883 (Year)

8. AGE: Years 63 Months — Days 15 If less than one day ... hr. ... min.

9. Birthplace Putnam Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Homework.
11. Industry or business
FATHER
12. Name James E Mullenix
13. Birthplace (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Emmily McDaniel
15. Birthplace (City, town, or county) Ind. (State or foreign country)
16. (a) Informant Kenneth Casady
(b) Address Livonia Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14 (Month) 1946 (Day) (Year)
(c) Place: burial or cremation Johnson Cem.
18. (a) Signature of funeral director H. Husted & Son
(b) Address Unionville Mo
19. (a) 11-18-46 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
year 1946 hour 5:30 minute P. M.
21. I hereby certify that I attended the deceased from Oct. 28, 1946, to Nov 12, 1946
that I last saw her alive on Nov 11, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septic infection. Type unknown.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 24A
Of autopsy Degeneration of spleen liver and left kidney

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 21
23. Signature L. W. McDonald (M. D. or other) DO
Address Unionville, Mo. Date signed 11-13-46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

36796

RECEIVED
District Health Officer No. 10
District File No. 11-46-2187
Date Filed NOV 26 1946

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 Kenneth Slavens, Registered Apprentice No. 418, working under my personal supervision.

Signed F. O. Husted

Licensed Embalmer No. 2975

P. O. Address Vinsonville 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 this body is not embalmed, fact should be so stated above.