

FILED APR 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12240

Registration District No. 122

Primary Registration District No. 4201

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Republic
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 14 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Republic
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Victor William Cason

3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-22-8488X

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 28, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 0 14 hr. min.

9. Birthplace New York City New York
(City, town, or county) (State or foreign country)

10. Usual occupation Photographer

11. Industry or business _____

12. Name William Cason

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Betsy Martha

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia Cason

(b) Address Republic, Mo.

17. (a) Burial (b) Date thereof 4/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen, Republic

18. (a) Signature of funeral director R.E. Thurman
(b) Address Republic, Missouri

19. (a) 4/14/48 (b) Glorance Brittain
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1948 hour 3:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from 8:00 2nd _____, 1946, to April 11 - 48, 1948; that I last saw him alive on 4-16-48, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerotic heart with mitral insufficiency
Due to _____

Due to congestive failure

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature R.E. Thurman (S.D. or other) _____
Address Republic Mo Date signed 4-13-48

Duration

2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

39
0

County Health Officer
County File Number 48 - 4 - 32
Date Filed 4 - 19 - 48

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

John L. Mc Nabbs

, Registered Apprentice No. 85

working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. 503

P. O. Address *Republic*

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.