

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25994

FILED SEP 15 1949

State File No. _____

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

BIRTH NO. _____		REG. DIST. NO. <u>9</u>	PRIMARY REG. DIST. NO. <u>4009</u>	Registrar's No. <u>367</u>
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah</u>		c. LENGTH OF STAY (in this place) <u>35yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>414 No. 2nd.</u>		d. STREET ADDRESS (If rural, give location) <u>414 No. 2nd</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Catherine</u> c. (Last) <u>Cassady</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 27, 1949</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>12/17/1867</u>	9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>10</u> IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Ipava, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Wm. McIntire</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Lalicker</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Cassady</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>non</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Nellie Strite</u> ADDRESS <u>Savannah, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>42m</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>Sept 1, 1946</u> , to <u>Aug 27, 1949</u> , that I last saw the deceased alive on <u>Aug 27, 1949</u> , and that death occurred at <u>11:15 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Joseph Cassady MD</u> (Degree or title)		23b. ADDRESS <u>Savannah Mo</u>		23c. DATE SIGNED <u>8-30-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/30/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Savannah Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Savannah, Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-5-49</u>		REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Bowman</u> ADDRESS <u>St Joseph</u>



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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

William Spalding

Licensed Embalmer No. *2535*

P. O. Address *319 S 11th St, Springfield, 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.