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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (In this place) <u>2 Months</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>60 Cherry St</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Sylvia</u> b. (Middle) <u>C.</u> c. (Last) <u>Casbeer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 15 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>November 13 1854</u>
9. AGE (In years last birthday) <u>94</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>William County Ohio</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Giles J. Gifford</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Jane Mitchell</u>		14. NAME OF HUSBAND OR WIFE <u>O.L. Casbeer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Raymond S. Casbeer</u>		ADDRESS <u>Chillicothe 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary edema</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardiac failure</u>			
DUE TO (c) <u></u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of left femur</u>			<u>522X</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) (Min.)		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>Aug 11</u> , 19 <u>49</u> , to <u>Sept 15</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Sept 14</u> , 1949, and that death occurred at <u>10:10 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph F. Gale M.D.</u>		23b. ADDRESS <u>Chillicothe Mo</u>	
23c. DATE SIGNED <u>9-17-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/19/1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>May Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chilo Mo.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Frances B Neal</u>		ADDRESS <u>171 E. Robertson Funeral Home Lark Mo</u>	
DATE REC'D BY LOCAL REG. <u>9/17/49</u>			

Case - 10:50 P.M.



**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 John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.