

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40728**

FILED JAN 9 1950

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

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|--|--|--|--|---|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>10.8</u> | | PRIMARY REG. DIST. NO. <u>4179</u> | | Registrar's No. <u>38</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u> | | | | |
| b. CITY OR TOWN <u>Swartz</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>Swartz</u> | | 35 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u> | | | | d. STREET ADDRESS (If rural, give location) <u>40</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Betty</u> b. (Middle) <u>Edna</u> c. (Last) <u>Cassner</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>November 13, 1949</u> | | | | | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>July 31, 1877</u> | | |
| 9. AGE (In years last birthday) <u>72</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 11. BIRTHPLACE (State or foreign country) <u>Swartz, Tenn</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>E. C. Dehman</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Edna Barnett Williams Cassner</u> | | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>William Cassner</u> ADDRESS <u>Swartz Mo</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Hip</u> ANTECEDENT CAUSES (b) <u>fall on stairs</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>17 days</u> <u>90 30</u> <u>20</u> | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Swartz 35 Mo</u> | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>7</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>got up and fell on stairs</u> | | | | |
| 22. I hereby certify that I attended the deceased from <u>Sept 19 1949</u> to <u>Nov 13 1949</u> that I last saw the deceased alive on <u>11-12</u> , 19 <u>49</u> , and that death occurred at <u>Swartz Mo</u> from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Misspindel M.D.</u> | | | | 23b. ADDRESS <u>Swartz Mo</u> | | 23c. DATE SIGNED <u>11-23-49</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>None</u> | | 24b. DATE <u>11/14/49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Swartz Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Swartz Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>12-31-49</u> | | REGISTRAR'S SIGNATURE <u>Mrs J. H. Lane</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u> ADDRESS <u>Swartz Mo</u> | | | | |

Rec. DUNKLIN COUNTY HEALTH DEPARTMENT
KENNETT, MISSOURI 1-3-50
County File No. 150-7

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.

Signed *A. W. [Signature]*

Signed _____
Student Embalmer

Licensed Embalmer No. 4466

P. O. Address *Paris, 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.