

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **22909**

FILED AUG 3 1950

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5139</u>		Registrar's No. <u>303</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Coon Island</u>		c. LENGTH OF STAY (in this place) <u>56 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Coon Island</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neelyville</u>				d. STREET ADDRESS (If rural, give location) <u>Neelyville</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Jess</u>		b. (Middle) <u>James</u>		c. (Last) <u>Cassinger</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 19 1950</u>							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 19, 1873</u>		9. AGE (In years last birthday) <u>77</u> / If UNDER 1 YEAR Months <u>0</u> Days <u>0</u> / If UNDER 1 WEEK Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jess Cassinger</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE _____	
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>Chas. Cassinger, Neelyville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myo carditis</u> ANTECEDENT CAUSES <u>Senility</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH  <u>4222</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>George Green</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/20/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Coon Island</u>		24d. LOCATION (City, town, or county) (State) <u>Butler Co, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 25-1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Greer Croy &amp; Fitch</u> ADDRESS <u>Poplar Bluff Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 1 1950

BUTLER CO. HEALTH CENTER

FILE No. 950-321  
AUG 1 1950

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. 375

working under my personal supervision.

Student Joseph P. Matlock  
Student Embalmer

Signed Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.