

FILED FEB 7 1951

STANDARD CERTIFICATE OF DEATH

2171

State File No.

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5988 Registrar's No. 4

1. PLACE OF DEATH
 a. COUNTY Putnam
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Elm Twp
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Livonia, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missou 1 b. COUNTY Putnam
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Elm, Twp. 0860
 d. STREET ADDRESS (If rural, give location) Livonia, Mo.

3. NAME OF DECEASED
 a. (First) Wilda b. (Middle) Charles c. (Last) Casady
 (Type or Print)

4. DATE OF DEATH Jan. 16, 1951
 (Month) (Day) (Year)

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M /

8. DATE OF BIRTH Apr. 2, 1879

9. AGE (In years last birthday) 71 9 14
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY self.

11. BIRTHPLACE (State or foreign country) Putnam Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Charles Casady

13b. MOTHER'S MAIDEN NAME Mary West

14. NAME OF HUSBAND OR WIFE Myrtle Casady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
 (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Myrtle Casady, Livonia, Mo.

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) Chronic myocarditis
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Chronic Diabetes
 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
260X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1950 to Jan 16, 1951, that I last saw the deceased alive on Jan 16, 1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. W. McDonald, D.O.

23b. ADDRESS Unionville, Mo. 1-19-51

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) B

24b. DATE Jan. 19, 1951

24c. NAME OF CEMETERY OR CREMATORY Rose Cem.

24d. LOCATION (City, town, or county) (State) Putnam Co. Mo.

DATE REC'D BY LOCAL REG. 1-26-51

(REGISTRAR'S SIGNATURE) Marvell Durbin

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. Stuebel, Unionville, Mo.

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

860

FEB 9 1951

Date Received: 1-20-64
DISTRICT HEALTH OFFICE #2
District File Number 2-51-293
Date Filed: FEB 6 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Murl E. Shusted

Signed.....
Student Embalmer

Licensed Embalmer No. *3304*

P. O. Address *Unknowable, M*

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.