

FILED MAY 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12388

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5545 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits write RURAL and give township) <u>Chariton Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chariton Township</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS <u>Glasgow R. R. #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. RURAL, GIVE LOCATION _____	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>M.</u>	c. (Last) <u>CAZZELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 18, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 2, 1894</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</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>U.S.A.</u>		

13a. FATHER'S NAME <u>Wm. Cazzell</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Plains</u>	14. NAME OF HUSBAND OR WIFE <u>Ollie Jackson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. M. Cazzell</u>	ADDRESS <u>Glasgow Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>20 MINS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC OCCLUSION</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u>		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>GLASGOW, MO.</u>
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 6-7, 1951, to 4-17, 1951, that I last saw the deceased alive on 4-17, 1951, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. F. Nash</u>	(Degree or title) <u>D.C.</u>	23b. ADDRESS <u>GLASGOW, MO.</u>	23c. DATE SIGNED <u>4-18-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 19, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Glasgow Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 18, 1951</u>	REGISTRAR'S SIGNATURE <u>Walker Audsley</u>	410	FUNERAL DIRECTOR'S SIGNATURE <u>Cudsley Suedworth</u>	ADDRESS <u>Glasgow Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

450

RECEIVED 4-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 4-30-51

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

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working under my personal supervision.

Student Embalmer No.

Signed *E. W. Guernon*

Signed.....
Student Embalmer

Licensed Embalmer No. 3978

P. O. Address *Glasgow 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.