

FILED JUL 17 1951

STANDARD CERTIFICATE OF DEATH

State File No. **22018**

BIRTH NO. _____		REG. DIST. NO. 30		PRIMARY REG. DIST. NO. 4038		Registrar's No. 32			
1. PLACE OF DEATH a. COUNTY Benton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WARSAW		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Kansas City, Mo.		d. STREET ADDRESS (If rural, give location) R.F.D. 487 0240			
d. FULL NAME OF HOSPITAL OR INSTITUTION LAKE SIDE Rest Home				3. NAME OF DECEASED a. (First) BEN b. (Middle) L. c. (Last) CAZZELL					
4. DATE OF DEATH (Month) (Day) (Year) July 9 1951		5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH Jan-10, 1863		9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police work		10b. KIND OF BUSINESS OR INDUSTRY Night Watchman			
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John W. Cazzell		13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Etha M. Louell Edwards ADDRESS 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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility				INTERVAL BETWEEN ONSET AND DEATH 2 Days Unknown Unknown	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X			
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from MAY 1951 , to 9 July, 1951 , that I last saw the deceased alive on 9 July, 1951 , and that death occurred at 9:30 p. m. , from the causes and on the date stated above.									
23a. SIGNATURE David N. Glenn M.D. (Degree or title)				23b. ADDRESS Warsaw Mo		23c. DATE SIGNED 10 July 51			
24a. BURIAL, CREMATION (Specify) Removal of the		24b. DATE July 11, 1951		24c. NAME OF CEMETERY OR CREMATORY Houder Cemetery		24d. LOCATION (City, town, or county) (State) Way County Mo			
DATE REC'D BY LOCAL REG. July 11-1951		REGISTRAR'S SIGNATURE Jas. A. Logan		25. FUNERAL DIRECTOR'S SIGNATURE John F. Keser ADDRESS Warsaw		_____			

(Licensed Embalmer's Statement on Reverse Side)

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

1050
4

RECEIVED 7-16-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-16-51 _____

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.