

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5785

State File No.

893

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> <u>3118</u>	
c. LENGTH OF STAY (in this place) <u>8 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>422 WEST-11TH STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1300 UNION AVENUE</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>B.</u>	c. (Last) <u>CASS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB-10-1953</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>NEVER MARRIED</u>	8. DATE OF BIRTH <u>DEC-23-1894</u>	9. AGE (In years last birthday) <u>58</u>	If UNDER 1 YEAR: Months _____ Days _____	If UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER (FEED)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MANUFACTURING CO.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>NEW BOSTON MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>LOUIS WILLIAM CASS</u>	13b. MOTHER'S MAIDEN NAME <u>SIDDIE PINKERTON</u>	14. NAME OF HUSBAND OR WIFE
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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>YES WORLDWARI</u>	16. SOCIAL SECURITY NO. <u>531-14-7101</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT E. CASS</u>	ADDRESS <u>1216 WASHINGTON KANSAS CITY, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 2:10 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. C. Kealhofer</u> (Degree or title)	23b. ADDRESS <u>4050 E. Wallway, Kansas</u>	23c. DATE SIGNED <u>2-10-53</u>
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>RURAL</u>	24b. DATE <u>FEB 11, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW BOSTON CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>NEW BOSTON MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>2-11-53</u>	REGISTRAR'S SIGNATURE <u>Deraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer's Sons</u>	ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>
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MAR 9 1959

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 *Robert E. Hanson*

Licensed Embalmer No. *4849*

P. O. Address. *A. C. 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.