

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21993**

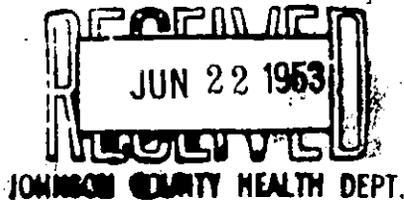
FILED JUN 29 1953

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 94

512
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Raytown 7001	
c. LENGTH OF STAY (in this place) 3 Wks		d. STREET ADDRESS (If rural, give location) King 63rd & Blue Ridge Blvd.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Ross Nursing Home, 508 W. King		4. DATE OF DEATH (Month) (Day) (Year) June 20, 1953	
3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) Elizabeth c. (Last) Cassell			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 19, 1869
9. AGE (In years last birthday) 83		# UNDER 1 YEAR 11 Months 1 Days	# UNDER 24 HRS. 1 Hour 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and State or Foreign Country) Raytown, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thaddeus Greene		13b. MOTHER'S MAIDEN NAME Eliza Ann Campbell	
14. NAME OF HUSBAND OR WIFE Walter Cassell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Albert Owings, Warrensburg, Mo.		ADDRESS	
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) Generalized arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 4500	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 6-19, 1953 , to 6-20, 1953 , that I last saw the deceased alive on 6-19, 1953 , and that death occurred at 4:20A m. , from the causes and on the date stated above.			
23a. SIGNATURE R. Lee Cooper M.D. (Degree or title)		23b. ADDRESS Warrensburg Mo	
23c. DATE SIGNED 6-20-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 20 1953	
24c. NAME OF CEMETERY OR CREMATORY Brooking Cemetery		24d. LOCATION (City, town, or county) (State) Jackson Co, Missouri	
DATE REC'D BY LOCAL REG. June 20, 1953		REGISTRAR'S SIGNATURE 197-11 Savannah Crutcher	
25. FUNERAL DIRECTOR'S SIGNATURE Clark Hagan		ADDRESS Raytown, Mo.	



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

Clark Hegert

Licensed Embalmer No. 3983

P. O. Address Raytown, 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.