

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43825

State File No.

FILED JAN 11 1954

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5919 Registrar's No. 132

0190

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

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Saline Twp.</u> c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Saline Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0190</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u> b. (Middle) <u>Ann</u> c. (Last) <u>Cassoutt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July, 18, 1921</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>32</u> IF UNDER 1 YEAR Months Days IF UNDER 1 WEEK Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Perry County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Michael Seifert</u>		13b. MOTHER'S MAIDEN NAME <u>Anna DeClue</u>	14. NAME OF HUSBAND OR WIFE <u>Clyde Cassoutt</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clyde Cassoutt Perryville Rt 4, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Nervous Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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)	<u>331 X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <u>July 19, 1953</u> , to <u>Dec 29, 1953</u> , that I last saw the deceased alive on <u>Dec 26, 1953</u> , and that death occurred at <u>8:15 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. W. W. ...</u>		23b. ADDRESS <u>Perryville Mo.</u>	23c. DATE SIGNED <u>1/30/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 2, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Perryville, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec 30-53</u>	REGISTRAR'S SIGNATURE <u>Joe J. Zeller</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Young & Sons Perryville Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Edmund Young

Signed.....

Student Embalmer

Licensed Embalmer No. *2135*

P. O. Address. *Perryville 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.