

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43876

State File No. \_\_\_\_\_

FILED JAN 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5943 Registrar's No. 270

0810

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

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>			2. USUAL RESIDENCE (Where deceased lived. If last 30 days: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Phelps</u>			
b. CITY OR TOWN <u>Rural-Spring Creek Mo</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Rural-Spring Creek Mo</u>		d. STREET ADDRESS <u>W. of Blooming Rose Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. of Blooming Rose</u>			d. STREET ADDRESS (If rural, give location) <u>W. of Blooming Rose Mo</u>			
3. NAME OF DECEASED (Type or Print) <u>James Thomas Everett Cassidy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-31-1953</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 16, 1905</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Phelps Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>J. A. Cassidy</u>		13b. MOTHER'S MAIDEN NAME <u>Bell, Mares</u>		14. NAME OF HUSBAND OR WIFE <u>Annie Cassidy (deceased)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>2</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. H. A. Cassady, Blooming Rose Mo</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary &amp; cardiac arrest</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>carcinoma of the liver</u> DUE TO (c) <u>congestive heart failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(cardiovascular renal disease)</u>			INTERNAL BETWEEN ONSET AND DEATH <u>past year or two</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/42X</u>		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 <u>Dec 14, 1953</u> , to <u>Dec 30, 1953</u> , that I last saw the deceased alive on <u>12-30-53, 1953</u> , and that death occurred at <u>6:00 A.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>B. J. Myers</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Lechling, Mo</u>		23c. DATE SIGNED <u>1-2-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1-2-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burkney Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Burkney Mo</u>			
DATE REC'D BY LOCAL REG. <u>Jan. 4, 1954</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith &amp; Ferguson</u> ADDRESS <u>Lechling Mo</u>			

**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. Ferguson*

Licensed Embalmer No. 3945

P. O. Address Licking 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.