

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15389

BIRTH NO.		REG. DIST. NO. 98	PRIMARY REG. DIST. NO. 5357	Registrar's No. 53
1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Daviess		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pattonsburg, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pattonsburg, Mo.		
c. LENGTH OF STAY (in this place) 80 Yrs.		d. STREET ADDRESS (If rural, give location) 0310		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) Francis Marion Casebolt		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH June 6, 1954				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 29, 1866	9. AGE (in years last birthday) 87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith & Magonmaker		10b. KIND OF BUSINESS OR INDUSTRY Operated Own Shop	11. BIRTHPLACE (City and State or Foreign Country) Harrison County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John W. Casebolt		13b. MOTHER'S MAIDEN NAME Sephrona Bender	14. NAME OF HUSBAND OR WIFE Janie Casebolt	
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. --	17. INFORMANT'S SIGNATURE OR NAME Mrs. Janie Casebolt, Pattonsburg, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis  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.		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Aug, 1953, to June 6, 1954, that I last saw the deceased alive on June 6, 1954, and that death occurred at 11:45 P.M. from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) P. Baumgardner, M.D.		23b. ADDRESS Pattonsburg, Mo.		23c. DATE SIGNED 6/7/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-8-54	24c. NAME OF CEMETERY OR CREMATORY Old Town Cemetery	24d. LOCATION (City, town, or county) (State) Pattonsburg, Mo.
DATE REC'D BY LOCAL REG. 6-8-54		REGISTRAR'S SIGNATURE Virginia M. Engelbert 81-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pattonsburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Kevin Quest*.....

Licensed Embalmer No. *4096*.....

P. O. Address *Pattonburg*.....

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.