

FILED OCT 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33825

State File No.

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4741</u>			
1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>				b. COUNTY <p style="text-align: center;">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <p style="text-align: center;">Kansas City</p>		c. LENGTH OF STAY (in this place) township) <p style="text-align: center;">57 yrs.</p>		c. CITY OR TOWN <p style="text-align: center;">Kansas City</p>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">4916 Park</p>				STREET ADDRESS (If rural, give location) <p style="text-align: center;">76 4916 Park</p>				37680	
3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">JOHN</p>		b. (Middle) <p style="text-align: center;">HORACE</p>		c. (Last) <p style="text-align: center;">CASSTEVENS</p>		4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">Oct. 10, 1954</p>			
5. SEX <p style="text-align: center;">Male <input type="radio"/></p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married</p>	8. DATE OF BIRTH <p style="text-align: center;">April 13, 1881</p>	9. AGE (in years last birthday) <p style="text-align: center;">73</p>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Retired Bricklayer</p>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Missouri</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>			
13a. FATHER'S NAME <p style="text-align: center;">John Casstevens</p>			13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Fannie L. Brown</p>			14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Ruth Casstevens</p>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">488-22-0961</p>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">Mrs. Ruth Casstevens, 4916 Park, K.C., Mo.</p>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Cerebral Embolism</p>						INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">3 days</p>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <p style="text-align: center;">Coronary Heart Disease</p>						2 1/2 years		
	DUE TO (c)								
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						4201		
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>May 9, 1952</u> , to <u>Oct 10, 1954</u> , that I last saw the deceased alive on <u>Oct 9, 1954</u> , and that death occurred at <u>4:30 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Edward A. Samuelson</u> (Degree or title) <p style="text-align: center;">Edward A. Samuelson M.D.</p>				23b. ADDRESS <p style="text-align: center;">2603 E 31 K.C. Mo.</p>		23c. DATE SIGNED <p style="text-align: center;">Oct. 11, 54</p>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">10-12-54</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Forest Hill</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Kansas City, Missouri</p>				
DATE REC'D BY LOCAL REG. <p style="text-align: center;">10-12-54</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Neva Minshall</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">STINE & McCLURE UND. CO.</p>		ADDRESS <p style="text-align: center;">K.C. MO.</p>			

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

Dr. Edw. Lamberson
2603 E. 31st St.
aw. 0386

Exp. 4:30 PM

alter 10:00 AM

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.....
Signature of Student Embalmer

Signed..... *F. S. Walton*

Licensed Embalmer No. *274*

P. O. Address *KE...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.