

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41502

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

No. 300  
10.48

FILED DEC 29 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559 Registrar's No. 103

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

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Festus, Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bloomfield</u> <u>1030</u>	
c. LENGTH OF STAY (in this place) <u>2 wks</u>		d. STREET ADDRESS (If rural, give location) <u>---</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mountain View Conv. Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>ALMA</u> c. (Last) <u>CASEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24, 54</u>			
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Sept. 30, 1873</u>	9. AGE (In years last birthday) <u>81</u>	# UNDER 1 YEAR Days <u>2</u>	# UNDER 24 HRS. Mins. <u>4</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 <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boonville, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Samuel O. Cain</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Lowe</u>	14. NAME OF HUSBAND OR WIFE <u>Elvis L. Casey deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>---</u> (If yes, give war or dates of service) <u>---</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. W. Thurman</u> ADDRESS <u>1003 Taylor, Crystal City, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis</u>		<u>5 yrs plus</u>
	ANTECEDENT CAUSES Arteriosclerotic heart disease. Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.) DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____		<u>5 yrs plus</u> <u>5 yrs plus</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture left hip (femur) 10-23-54</u>		<u>32 days</u>	

19a. DATE OF OPERATION <u>10-23-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Hip fractures immobilized with pins (2)</u>	20. AUTOPSY? <u>4200 F</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bloomfield Stoddard Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>October 23, 1954</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on floor.</u>

22. I hereby certify that I attended the deceased from Oct. 23, 1954, to Nov. 24, 1954, that I last saw the deceased alive on Nov. 23, 1954, and that death occurred at 5:15 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John F. Rutledge M.D.</u>	23b. ADDRESS <u>Crystal City, Mo</u>	23c. DATE SIGNED <u>Nov. 30</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 27, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sadler Chapel cem.</u>	24d. LOCATION (City, town, or county) <u>Stoddard co. Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-14-54</u>	REGISTRAR'S SIGNATURE <u>James C. Rydman</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CHILES UND.CO. BLOOMFIELD, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED  
DEC 21 1954

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 Lulu

Cooper # 3499

~~STUDENT EMBALMER NO.~~

working under my personal supervision.

Student .....  
Student Embalmer

Signed John C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.