

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10973**

FILED APR 18 1955

BIRTH NO. _____		REG. DIST. NO. 38	PRIMARY REG. DIST. NO. 3006	Registrar's No. 92
1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, write RURAL and give town) Columbia		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN Columbia	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 211 S. 8th St.		f. STREET ADDRESS (If rural, give location) 211 S. 8th St.		
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) FRANK	c. (Last) CASSELL	4. DATE OF DEATH (Month) (Day) (Year) April 12, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 10, 1875	9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Locksmith		10b. KIND OF BUSINESS OR INDUSTRY Locksmith	11. BIRTHPLACE (City and State or Foreign Country) Boone County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Michael Cassell		13b. MOTHER'S MAIDEN NAME Jane (unknown)	14. NAME OF HUSBAND OR WIFE Ora May O'Neal	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 495-36-2594	17. INFORMANT'S SIGNATURE OR NAME Mrs. James Frank Cassell	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Decompensation		Senile Debility		4 weeks
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Mal-Nutrition and emaciation		1 year
II. OTHER SIGNIFICANT CONDITIONS Post-Operative (gangrenous lt. leg removed at thigh) anemia with complications of Prostatitis and Cystitis				1 year
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) _____	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 6-13-54 , 19____, to 4-12-55 , 19____, that I last saw the deceased alive on 4-12 , 19 55 , and that death occurred at 10:15P m. , from the causes and on the date stated above.				
23a. SIGNATURE <i>O. Walter Sparks</i>		(Degree or title) DO		23b. ADDRESS 311 Christianol. Ave. Columbia, Mo.
23c. DATE SIGNED 3-13-55				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 15, 1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Columbia, Missouri.	
DATE REC'D BY LOCAL REG. Apr 14 1955	REGISTRAR'S SIGNATURE Mrs R.E. Palmer	31-0	25. FUNERAL DIRECTOR'S SIGNATURE Barner Funeral Service	
		ADDRESS Columbia Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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.....
Licensed Embalmer No. 489
P. O. Address Columbia

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.