

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27260

State File No. ....

FILED SEP 13 1955

BIRTH NO. ....		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>61</u>	
1. PLACE OF DEATH a. COUNTY <u>Putnam</u> <u>Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Unionville</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>				• STREET ADDRESS (If rural, give location) <u>Worthington</u> <u>0860</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u> b. (Middle) <u>O</u> c. (Last) <u>Casady</u>			4. DATE OF DEATH <u>Aug</u> , <u>30</u> , 1955				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 7 1885</u>		9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>05</u> Days <u>05</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Wess Casady</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Casady</u> <u>Dec.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Birnie Casady</u>		ADDRESS <u>Ottumwa Iowa.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis &amp; hypertension</u> DUE TO (c) <u>Had previous cerebral hemorrhage 4 weeks ago</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>157 hours</u> <u>7 days</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</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) m.	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>July 5, 1955</u> , to <u>Aug 30, 1955</u> , that I last saw the deceased alive on <u>Aug 30, 1955</u> , and that death occurred at <u>12 hours</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree by title) <u>Chas L. Gidd</u>				23b. ADDRESS <u>1002 Unionville Mo</u>		23c. DATE SIGNED <u>8/31/55</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Sep. 1-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Home</u>		24d. LOCATION (City, town, or county) (State) <u>Near Worthington Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-12-55</u>	REGISTRAR'S SIGNATURE <u>Marcell Durbin</u> <u>266</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>F.O. Husted &amp; Son</u> <u>Unionville m</u>			

(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.....  
Signature of Student Embalmer

Signed *F. O. Husted*.....

Licensed Embalmer No. *291*.....  
P. O. Address *Winnonka*.....

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.