

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28684

State File No. _____
Registrar's No. 18

BIRTH NO. _____		REG. DIST. NO. 338		PRIMARY REG. DIST. NO. 6148		REGISTRAR'S NO. 18	
1. PLACE OF DEATH a. COUNTY Stoddard County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aid, Missouri		c. LENGTH OF STAY (in this place) 5 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		170310	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 2, Dexter, Missouri				d. STREET ADDRESS (If rural, give location) Rt. 2, Dexter, Missouri			
3. NAME OF DECEASED (Type or Print) a. (First) Casper		b. (Middle) Claude		c. (Last) Cahow		4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1955	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 27, 1879	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Charleston, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Cahow		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Tersey Pearl Cahow	
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 ADDRESS Tersey Pearl Cahow Rt. 2 Dexter			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident Antecedent Causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: Arteriosclerosis 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 2 hours years	
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) Aid Stoddard Mo			
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 _____, 1955, to Aug. 10, 1955, that I last saw the deceased alive on Aug 10, 1955, and that death occurred at 7:15 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Stephen Parker M.D.				23b. ADDRESS Box 432 Bloomfield Mo		23c. DATE SIGNED 8-13-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/11/55		24c. NAME OF CEMETERY OR CREMATORY Little Prairie		24d. LOCATION (City, town, or county) (State) Camuthersville, Missouri	
DATE REC'D BY LOCAL REG. Aug 22, 1955		REGISTRAR'S SIGNATURE Lewis C. Mooney		25. FUNERAL DIRECTOR'S SIGNATURE LaForge and Co.		ADDRESS Camuthersville, Mo	

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

1220

JUL 5 1957

AUG 30 1955

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.....

Was Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.