

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29674

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4068

1. PLACE OF DEATH  
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Kansas b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) Kansas City  
c. LENGTH OF STAY (In this place) 5 yrs

c. CITY (If outside corporate limits, write RURAL and give township) Kansas City  
d. STREET ADDRESS (If rural, give location) 6019 Catalina

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, institution, clinic, or doctor's office) 2625 W. Base

3. NAME OF DECEASED  
a. (First) Fred b. (Middle) W. c. (Last) CASNER

4. DATE OF DEATH (Month) (Day) (Year)  
Sept-17-1955

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2

8. DATE OF BIRTH 8-4-68

9. AGE (In years: last birthday) 85  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 24 HRS: Hours \_\_\_\_\_ Mins \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (City and State or Foreign Country) Wissouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Nicholas Casner

13b. MOTHER'S MAIDEN NAME Emma Kellogg

14. NAME OF HUSBAND OR WIFE Clara S. Casner, H.C. 716

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. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mrs. Carol Rodey, K.C. Kans.

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) Arteriosclerotic aneurysm of abdom. aorta & rupture  
ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis general +  
DUE TO (c) cerebral arteriosclerosis  
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  
3  
5 yrs  
USIX

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-25, 1953, to 9-17, 1955, that I last saw the deceased alive on 9-17, 1955, and that death occurred at 7:02 P m., from the causes and on the date stated above.

23a. SIGNATURE (Print) Paul Jones (Degree or title) of M.D.

23b. ADDRESS 2625 W. Base

23c. DATE SIGNED 9-18-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Sept. 19-1955

24c. NAME OF CEMETERY OR CREMATORY Eastside Cem.

24d. LOCATION (City, town, or county) (State) Hatchinson, Kansas

DATE REC'D BY LOCAL REG. 9-18-55 REGISTRAR'S SIGNATURE Reva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Gates Funeral Home, K.C. Kans.

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 .....  
Student Embalmer

Signed LaVega E. Brown

Licensed Embalmer No. 4794

P. O. Address Kansas City, 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.