

No. 300  
10-48

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36070

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 4054 Registrar's No. 1234

0110  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rushville (Town)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rushville</u>	
c. LENGTH OF STAY (in this place) <u>70 years</u>		d. STREET ADDRESS (If rural, give location) <u>Rushville</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rushville</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>STEPHEN</u> b. (Middle) <u>HUGH</u> c. (Last) <u>CASSITY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 19, 1877</u>	9. AGE (In years) (last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 Hrs. _____ Mins. _____
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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 <u>Farming</u>	11. BIRTHPLACE (City and State of Foreign Country) <u>Unknown Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Hugh Cassity</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Mills</u>	14. NAME OF HUSBAND OR WIFE <u>Ida May Cassity</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Claud Cassity</u>	ADDRESS <u>Rushville, 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, asthenia, 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>Coronary Occlusion</u>		<u>Sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) <u>General arteriosclerosis</u>		<u>10 years</u> <u>years.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic fibrous myocarditis</u>		<u>8 years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 7, 1947 to Nov 19, 1955, that I last saw the deceased alive on Nov 17, 1955, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clare Wallace</u>	(Degree or title)	23b. ADDRESS <u>11450 7th Atchison Kans.</u>	23c. DATE SIGNED <u>11-21-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 21, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Waltham Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 23, 1955</u>	REGISTRAR'S SIGNATURE <u>Carleen M. Allison</u>	485	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sauvin-Dyer</u>	ADDRESS <u>Atchison, Kan.</u>
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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

*J. W. Byrd*  
\_\_\_\_\_

Licensed Embalmer No. 4320

P. O. Address McHenry, Kan

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.