

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41484**

BIRTH NO. _____		REG. DIST. NO. <u>254</u>		PRIMARY REG. DIST. NO. <u>5867</u>		Registrar's No. <u>1</u>		
1. PLACE OF DEATH a. COUNTY <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>				
b. CITY OR TOWN <u>Thayer</u>		c. LENGTH OF STAY (In this place) <u>51 years</u>		c. CITY OR TOWN <u>Thayer</u>		d. STREET ADDRESS (If rural, give location) <u>0 750</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Millard</u>			b. (Middle) <u>F.</u>		c. (Last) <u>Cash</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 6, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-19-1904</u>		9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR <u>0</u> Months <u>17</u> Days	IF UNDER 24 HRS. <u>0</u> Hours <u>17</u> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brakeman-Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Thayer, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Dan Cash</u>			13b. MOTHER'S MAIDEN NAME <u>Julia Reese</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Cash</u>			
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>498-26-3067</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Cash-Thayer, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH  <u>4 hrs.</u>
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) (Min.)		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>1953</u> , 19 <u>  </u> , to <u>1955</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>12-6-55</u> , 19 <u>  </u> , and that death occurred at <u>5:30 A.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. Walker M.D.</u>				23b. ADDRESS <u>Manmoth Spring Ark.</u>		23c. DATE SIGNED <u>12-8-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-8-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Thayer, Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Thayer Oregon, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>12-12-55</u>	REGISTRAR'S SIGNATURE <u>Arthur Wolff</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edward Carter Thayer Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1950

**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 \_\_\_\_\_

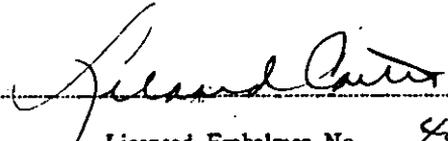
Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed.....



Licensed Embalmer No. 4516

P. O. Address Thayer

**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.