

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7866

State File No.

FILED MAR 15 1956

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6238 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural-Belgrade Twp. c. LENGTH OF STAY (in this place) 6 years		c. CITY OR TOWN _____ d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION'S 3 miles south of Belgrade		e. STREET ADDRESS (If rural, give location) 3 miles south of Belgrade	

3. NAME OF DECEASED (Type or Print)	a. (First) AMOS	b. (Middle) JAMES	c. (Last) CASSIDAY	4. DATE OF DEATH (Month) (Day) (Year) March 3, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June-10, 1871	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 8 Days 23	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY timber	11. BIRTHPLACE (City and State or Foreign Country) Leasburg, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mandy Cassiday
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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) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Frank Cassiday, Elvins, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asymptotic Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery failure DUE TO (c) Cerebral aneurysm		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphasis of liver, intestinal stenosis			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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 1/15, 1956 to 3/3, 1956 that I last saw the deceased alive on 3/2, 1956 and that death occurred at 2:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE Dorothy M. Swartz (Degree or title) _____	23b. ADDRESS Pataskia, Mo.	23c. DATE SIGNED 3/6/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE March 5, 56	24c. NAME OF CEMETERY OR CREMATORY Upper Indian Creek	24d. LOCATION (City, town, or county) (State) Goodwater, Missouri
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DATE REC'D BY LOCAL REG. 3/10/56	REGISTRAR'S SIGNATURE Hubert Eudall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton, Mo.
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(Licensed Embalmer's Statement on Reverse Side) **David J. White**

No. 300
10. 48

1100

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

RECEIVED

MAR 13

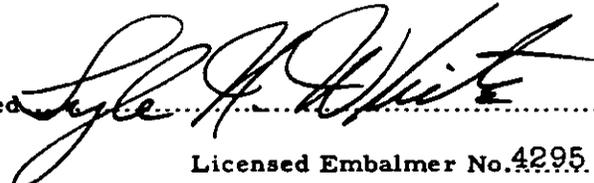
WASH. COUNTY HEALTH DEPT.

File No. _____

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  _____
Licensed Embalmer No. 4295

P. O. Address Ironton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.