FILED MAY 10 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12224

State File No.

BIRTH NO. REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 50/2 Registrar's No. 38

1. PLACE OF DEATH

a. COUNTY: Andrew Co

b. CITY OR TOWN: Union Star (If outside corporate limits, write RURAL and give township) Empire

c. LENGTH OF STAY (In this place): all life

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home of R.H.Bashor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Mo.

b. COUNTY: Andrew

c. CITY OR TOWN: Union Star

d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒

e. STREET ADDRESS (If rural, give location): R.R. 4 mi. N.W. 0020

3. NAME OF DECEASED (Type or Print)

a. (First): Christopher

b. (Middle): Columbus

c. (Last): Case

4. DATE OF DEATH (Month) (Day) (Year): 5.3.1956

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 2.11.1862

9. AGE (In years last birthday): 94 — If under 1 year: Months 2, Days 25 — If under 24 hrs.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (City and State or Foreign Country): Kansas

12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: William M. Case

13b. MOTHER'S MAIDEN NAME: Eliza Jane Williams

14. NAME OF HUSBAND/OR WIFE: Mary E. Case

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. R.H.Bashor. Union Star Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arterio sclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 33/X

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) m.

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* _____ *19*60, *to* 5.3.1956 *19*____, *that I last saw the deceased alive on* 5-3, *19*56, *and that death occurred at* 11 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. H. Blackstock M. D.

23b. ADDRESS: King City Mo.

23c. DATE SIGNED: 5.4.56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5.5.1956

24c. NAME OF CEMETERY OR CREMATORY: King City

24d. LOCATION (City, town, or county) (State): King City Mo

DATE REC'D BY LOCAL REG.: 5-5-56

REGISTRAR'S SIGNATURE: Lillian Sparks

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: R. G. Taggart. King City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. R. G. Taggart

Licensed Embalmer No. 2567

P. O. Address King City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.