

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23201**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **98**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) Boonville	c. LENGTH OF STAY (In this place) 2 days	c. CITY OR TOWN Boonville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		e. STREET ADDRESS (If rural, give location) 412 E. High	

3. NAME OF DECEASED a. (First) SAMUEL (Type or Print)		b. (Middle) LEWIS		c. (Last) "Bert" CASE		4. DATE OF DEATH (Month) (Day) (Year) August 4, 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH unknown Approx. 80		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Oil refining		11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Oscar F. Case		13b. MOTHER'S MAIDEN NAME Nan Durnil		14. NAME OF HUSBAND OR WIFE unknown	
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. 531-18-8066		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ada Kosfeldt Boonville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerosis		INTERVAL BETWEEN ONSET AND DEATH 7
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility		
	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	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) 4500
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **June 19⁵³ Aug 4, 19⁵⁶** that I last saw the deceased alive on **Aug 4, 19⁵⁶**, and that death occurred at **2321 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. L. DeLoach M.D.	23b. ADDRESS Boonville Mo	23c. DATE SIGNED 8/5/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 7, 1956	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery
24d. LOCATION (City, town, or county) (State) Boonville, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bro. L. L. Hooper Boonville, Mo
DATE REC'D BY LOCAL REG. 8/6/56	REGISTRAR'S SIGNATURE D. L. Hooper	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bro. L. L. Hooper Boonville, Mo

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.....
Signature of Student Embalmer

Signed *Berry W. Shaker*.....

Licensed Embalmer No. *394*.....

P. O. Address *Bronx*.....

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