

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19740

State File No. ....

FILED JUN 10 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Marshall</u>	c. LENGTH OF STAY (in this place township) <u>10 min.</u>	c. CITY OR TOWN <u>Marshall</u>	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 <u>Fitzgibbon Hosp.</u>		* STREET ADDRESS (If rural, give location) <u>472 N. Arrow 097<sup>2</sup>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>CASE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1957</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>Jan. 26, 1899</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Plumbing</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
--	---	--	--

13a. FATHER'S NAME <u>J. S. Case</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Harris</u>	14. NAME OF HUSBAND OR WIFE <u>Berta Hagelip Case</u>
--------------------------------------	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>496-01-2716</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. H. Case</u> ADDRESS <u>Marshall, Mo</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, ashenia, 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>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>Yes</u> 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 1-4, 1957, to 6-4, 1957, that I last saw the deceased alive on 6-4, 1957, and that death occurred at 12:40 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>James A. Reid MD</u> (Degree or title)	23b. ADDRESS <u>Marshall Mo</u>	23c. DATE SIGNED <u>6/4/57</u>
--	---------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-6-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shiloh cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Saline County Mo</u>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>6-4-57</u>	REGISTRAR'S SIGNATURE <u>Cecil J. Reed</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Hershberger</u> ADDRESS <u>Marshall, Mo</u>
--	--	---

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

5290

OCT 16 1962

FEB 21 1958

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..... *Harry Hershberger*

Licensed Embalmer No. *4357*

P. O. Address *Marshall, W. Va.*

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.