

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1958

STATE FILE NUMBER 172

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Columbia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 604 Worley St.		d. STREET ADDRESS (If outside, give location) 604 Worley St.	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST ZACHARIAH TAYLOR CASEBOLT		4. DATE OF DEATH Month Day Year Jan. 27, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 23, 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery Merchant	11. BIRTHPLACE (City and state or country) Miami, Missouri
13a. FATHER'S NAME Edward Casebolt		13b. MOTHER'S MAIDEN NAME Hannah (unknown)	14. NAME OF HUSBAND OR WIFE Lulu Tickameyer Casebolt
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 Mrs. Z.T. Casebolt, Columbia, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Coronary Occlusion</i> DUE TO (b) <i>Generalized arteriosclerosis</i> DUE TO (c) <i>4201</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Lower urinary obstruction due to prostate hypertrophy</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Immediate</i> <i>years</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>1 NOV 56</i> to <i>27 Jan 58</i> and last saw <i>her</i> alive on <i>29 Jan 58</i> Death occurred at <i>4:10 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John J. Jague MD</i> (Degree or title)		22b. ADDRESS <i>801 Union Ave Columbia Mo.</i>	
22c. DATE SIGNED <i>27 Jan 58</i>			
23a. BURIAL, REMOVAL, OR REMOVAL (Specify) Burial		23b. DATE Jan. 30, 1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) Columbia, Missouri		23e. STATE (State)	
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.		25. DATE RECD. BY LOCAL REG. Jan 30 1958	26. REGISTRAR'S SIGNATURE Mrs R E Palmer

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAR 3 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 

Licensed Embalmer No. 3010
P. O. Address Columbia, 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.