

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013556

STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 64 Primary Registration District No. 5243 Registrar's No. 24

S. 300  
r. 1-57  
210

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chariton Township</u>		c. CITY OR TOWN <u>Chariton Township</u>	
c. FULL NAME OF HOSPITAL OR HOSPITAL OR INSTITUTION <u>Forest Green Life</u>		d. STREET ADDRESS (If outside, give location) <u>Forest Green</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>NATHANIEL CASON</u>			4. DATE OF DEATH Month Day Year <u>April 19, 1958</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <u>Sept. 3 1878</u>		9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Howard Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Butch Cason</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah</u>	

14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Mrs. Roy Jacob Salisbury Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	

IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u>		<u>1 hour</u>			
DUE TO (b) <u>Cerebral hemorrhage</u>		<u>10 days</u>			
DUE TO (c) <u>Arteriosclerosis</u>		<u>6 years - 331X</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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 <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	
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21. I attended the deceased from June 6:00 p.m. to 1957 and last saw <sup>her</sup>him alive on 4-19-58  
Death occurred at \_\_\_\_\_ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>[Address]</u>		22c. DATE SIGNED <u>4-20-58</u>	
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23a. BURIAL, CREMATION, REMOVAL (S, C, R)		23b. DATE <u>April 23, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u>	
				23d. LOCATION (City, town, or county) (State) <u>Glasgow, Mo.</u>	

24. FUNERAL DIRECTOR <u>Audley - Truitt</u> ADDRESS <u>Glasgow, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-9-58</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *W. W. Wrenn* .....

Licensed Embalmer No. *3978* .....

P. O. Address *Glasgow, Pa.* .....

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.