. Health,
& Welfare
. Public
h Service

S. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024308
STATE FILE NUMBER

FILED JUN 24 1958 Registration District No. 340 Primary Registration District No. 6152 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Stoddard	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Dexter Liberty Twp. — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Dexter 1630 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Route 3 — Length of stay in 1b Life	d. STREET ADDRESS (If outside, give location) Route — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month Day Year
Fred	Edward	Casey	June 11, 1958

5. SEX	6. COLOR OR RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White		Jan. 17, 1875	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
Insurance Salesman	Insurance	Dexter, Mo.	U.S.A.

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Joseph Casey	Amanda Loca	deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
no	X X X X X X X		Mrs. Hal Mullen	Dexter, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4201

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 ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 5-3-58, to 6-2-58 and last saw her (him) alive on 6-2-58
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert Ellis Gibbens, D.O. (Degree or title)
22b. ADDRESS Dexter Mo
22c. DATE SIGNED 6-16-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 6-13-58
23c. NAME OF CEMETERY OR CREMATORY Sadler's Chapel Cem.
23d. LOCATION (City, town, or county) Dexter, Mo. Rural (State)

24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Dexter, Mo.
25. DATE RECD. BY LOCAL REG. 6-16-58
26. REGISTRAR'S SIGNATURE Velma V. Jenkins

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Only standard nomenclature in Item 18. No symptoms will be listed.

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 Mark Williams

Licensed Embalmer No. 4717

P. O. Address Dexter 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.