Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004220
STATE FILE NUMBER

FILED FEB 10 1959

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Nevada Hospital — Length of stay in 1b 42 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Vernon
c. CITY OR TOWN Nevada 1082 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1117 E. Austin — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Jess Middle Last Cashman

4. DATE OF DEATH Month February Day 4 Year 1959

5. SEX M
6. COLOR OR RACE Wh
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH November 21,1884
9. AGE (In years last birthday) 74 — 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) Railroad Employee
10b. KIND OF BUSINESS OR INDUSTRY M.K.& T. Ry.
11. BIRTHPLACE (City and state or country) Clinton Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Cashman
13b. MOTHER'S MAIDEN NAME Elsie Stamps
14. NAME OF HUSBAND OR WIFE Angie Bell Cashman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Angie Bell Cashman Address 1117 E. Austin Nevada, Missour

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) Probable 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) Arteriosclerotic Heart Disease with coronary insufficiency and old damage, Class IV. — unknown
DUE TO (c) Generalized Arteriosclerosis severe with Parkinsonism — unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Pneumonia - duration one week 4200
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 Jan 21, 1954, to Feb 4, 1959 and last saw him alive on Feb 4, 1959
Death occurred at 6:18 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James Pascoe MD
22b. ADDRESS Nevada Mo
22c. DATE SIGNED Feb 6, 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1959 February 7
23c. NAME OF CEMETERY OR CREMATORY Moore Cemetery
23d. LOCATION (City, town, or county) Nevada (State) Missouri

24. FUNERAL DIRECTOR Ferry Funeral Home ADDRESS Nevada, Missouri
25. DATE RECD. BY LOCAL REG. 2-7-59
26. REGISTRAR'S SIGNATURE Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 L. Douglas Terry

Licensed Embalmer No. 4960

P. O. Address Nevada, 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.