

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004949
State File No.

No. 300

10.48

FILED FEB 17 1959

REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5327 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union</u>		c. CITY OR TOWN <u>280</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place)		f. STREET ADDRESS (If rural, give location) <u>SAME AS 1d.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5mi SW of Steelville</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Logan</u> c. (Last) <u>Cassidy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-6-59</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>6-20-92</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Keysville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Jeremiah Cassidy</u>	13b. MOTHER'S MAIDEN NAME <u>Missouri Kelly</u>	14. NAME OF HUSBAND OR WIFE <u>Augusta</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W.I</u>	16. SOCIAL SECURITY NO. <u>490-14-7290</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Logan Cassidy</u>	ADDRESS <u>Steelville, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>13 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 10-18, 1958, to 2-6, 1959, that I last saw the deceased alive on 2-6, 1959, and that death occurred at 5 P m., from the causes and on the date stated above.

22a. SIGNATURE <u>W. Bauman</u> (Degree or title) <u>M.D.</u>	23. ADDRESS <u>Steelville Mo</u>	23c. DATE SIGNED <u>2-9-59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-8-59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Keysville</u>
24d. LOCATION (City, town, or county) (State) <u>Keysville Mo.</u>		

DATE REC'D BY LOCAL REG. <u>2/14/59</u>	REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lichius</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry M. Jonas</u>	ADDRESS <u>Steelville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

V/S FEB 19 1959

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 M. Jones*.....

Licensed Embalmer No. *2628*

P. O. Address *steelvill*

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.