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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016719
STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 239

1. PLACE OF DEATH a. COUNTY Boone	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Chariton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Columbia — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Dalton 0210 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) University of Mo. Medical Center — Length of stay in 1b 19 Days	d. STREET ADDRESS (If outside, give location) Box 331 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Joe — Middle — Last Cason

4. DATE OF DEATH: Month May Day 24 Year 59

5. SEX: Male 2

6. COLOR OR RACE: Negro 2

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 12-5-1883

9. AGE (In years last birthday): 75 — 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): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Glasgow Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Samuel Cason

13b. MOTHER'S MAIDEN NAME: Margaret Baldwin

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)

16. SOCIAL SECURITY NO.: 496-32-3273

17. INFORMANT: University of Mo. Medical Records. Address

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): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Adenocarcinoma of Recto-sigmoid Colon ? 1 year.

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 154X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 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 5-5-59, to 5-24-59 and last saw her/him alive on 5-24-59

Death occurred at 11:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Earl J. Wipfler, Jr., M. D.

22b. ADDRESS: U. of Missouri Medical Center

22c. DATE SIGNED: 5-25-59

23a. BURIAL, CREMATION REMOVAL (Specify): Buried

23b. DATE: May 25 1959

23c. NAME OF CEMETERY OR CREMATORY:

23d. LOCATION (City, town, or county): Kansas City (State) Mo

24. FUNERAL DIRECTOR: Manhart & Williams — ADDRESS: K.C. Mo 1729 Rydis

25. DATE RECD. BY LOCAL REG.: May 25 1959

26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 17 1960

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 Maynard Wallin

Licensed Embalmer No. 4653

P. O. Address T.C. 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.