

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039533

FILED VS. NOV 25 1959

STATE FILE NUMBER

RECORDED

Registration District No. 104

Primary Registration District No. 4176

Registrar's No. 28

1. PLACE OF DEATH a. COUNTY DUNKLIN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY DUNKLIN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MALDEN		Length of stay in 1b 6 YRS.	c. CITY OR TOWN MALDEN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 501 S. MADISON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 501 S. MADISON		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) IGNATIUS PATRICK CASEY			4. DATE OF DEATH Month NOV. Day 13 Year 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-20-92	9. AGE (last birthday) 67 YRS	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER		10b. KIND OF BUSINESS OR INDUSTRY INTERIOR DECORATOR		11. BIRTHPLACE (City and state or country) RICHWOOD, MO	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME FRANK CASEY		13b. MOTHER'S MAIDEN NAME JULIA LAPEE	
14. NAME OF HUSBAND OR WIFE LESSIE CASEY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes, give war or dates of service)] NO		16. SOCIAL SECURITY NO. NO.	
17. INFORMANT LESSIE CASEY		Address MALDEN MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA, BILATERAL					INTERVAL BETWEEN ONSET AND DEATH 36 HOURS
DUE TO (b) ADENOCARCINOMA, RIGHT LUNG, UPPER LOBE					4 YEARS
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from 29 DEC 58 to 13 NOV 59 and last saw him alive on 13 NOV 59 Death occurred at 10:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Charles Williams M.D.			22b. ADDRESS MALDEN, MO.		22c. DATE SIGNED 11-13-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-16-59	23c. NAME OF CEMETERY OR CREMATORY PROSPECT		23d. LOCATION (City, town, or county) (State) ST. CLAIR, MO
24. FUNERAL DIRECTOR DAY & KNIGHT, MALDEN, MO.		ADDRESS 11-16-59		25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE J. J. Schuman	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 8 1958 SA

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 J. D. Schauer

Licensed Embalmer No. 4086

P. O. Address Malden

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.