URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 11 1960

-60-023760

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 124

ENDED

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe — Length of stay in 1b 19 Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 101 E. Second Street — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Livingston
c. CITY OR TOWN Chillicothe — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 101 E. Second Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Clyde Middle Robert Last Cashatt

4. DATE OF DEATH Month July Day 3 Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 5/7/1908

9. AGE (last birthday) 52 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic

10b. KIND OF BUSINESS OR INDUSTRY Automoble

11. BIRTHPLACE (City and state or country) Ludlow, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William L. Cashatt

13b. MOTHER'S MAIDEN NAME Etta Alice Adkinson

14. NAME OF HUSBAND OR WIFE Buelah Elsie Knowse

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. 500-05-0495

17. INFORMANT Address 101 E. Second St. Mrs. Buelah Cashatt, Chillicothe, 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) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) with Metastasis
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. ☐ Yes ☐ No ☐ Unknown

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 Feb 23-60, to July 3-1960 and last saw her/him alive on July 3-1960
Death occurred at 3:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) McCurrett D.O.

22b. ADDRESS Chillicothe

22c. DATE SIGNED 7-5-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE July 5, 1960

23c. NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

23d. LOCATION (City, town, or county) (State) Chillicothe, Missouri

24. FUNERAL DIRECTOR ADDRESS Norman Funeral Home, Chillicothe, Mo.

25. DATE RECD. BY LOCAL REG. 7/5/60

26. REGISTRAR'S SIGNATURE Annalee Taylor Deputy

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

JUL 12 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John P. Rodgers

Licensed Embalmer No. 4963

P. O. Address Chillicothe, I

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor
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.