

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028879

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 814

FILED SEP 5 1961

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| 1. PLACE OF DEATH<br>a. COUNTY <b>GREENE</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MO.</b> b. COUNTY <b>GREENE</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>SPRINGFIELD</b>              |  | c. CITY OR TOWN <b>SPRINGFIELD</b>   |  |
| Length of stay in 1b   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>2626 N. Howard</b> |  | d. STREET ADDRESS (If outside, give location)<br><b>2626 N. Howard</b>   |  |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                 |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |

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|---|----------------------------------|---|--|-------------------------------------|---|
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>FATIMA</b> Middle <b>CHILOMA</b> Last <b>CASSELL</b> |                                  |   | 4. DATE OF DEATH<br>Month <b>August</b> Day <b>30</b> , Year <b>1961</b> |                                     |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>18 May 1874</b>                                   | 9. AGE (last birthday)<br><b>87</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b> | 11. BIRTHPLACE (City and state or country)<br><b>Richland, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
| 13a. FATHER'S NAME<br><b>Hence Finley</b>   | 13b. MOTHER'S MAIDEN NAME<br><b>Yates</b>        | 14. NAME OF HUSBAND OR WIFE<br><b>Deceased</b>                          |   |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>Unknown</b> | 17. INFORMANT<br><b>Holly Cates (Daughter)</b> | Address <b>2626 N. Howard Springfield, Mo.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arterio Sclerotic Heart Disease</b> |            | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) |                                  |
|  | DUE TO (c) |                                  |

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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ s.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 6-12-61 to 8/30/61 and last saw him alive on 8-29-61  
Death occurred at 6:15 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

|                                     |  |                                    |
|-------------------------------------|--|------------------------------------|
| 22a. SIGNATURE<br><i>Wm. J. ...</i> | 22b. ADDRESS<br><b>1715 Boonville<br/>SPRINGFIELD, MO.</b> | 22c. DATE SIGNED<br><b>8-31-61</b> |
|-------------------------------------|--|------------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 23b. DATE<br><b>9-3-61</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>EASTLAWN</b> | 23d. LOCATION (City, town, or county) (State)<br><b>SPRINGFIELD, MO.</b> |
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| 24. FUNERAL DIRECTOR<br><b>KLINGNER MORTUARY, INC. SPRINGFIELD MO.</b> | ADDRESS<br><b>SPRINGFIELD MO.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>9-1-61</b> | 26. REGISTRAR'S SIGNATURE<br><i>Effie S. Walton</i> |
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jhc

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

**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 *Ogle Stone Jr*  
Licensed Embalmer No. 476

P. O. Address SPRINGFIELD

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.