

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-030415

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

FILED SEP 12 1961

Primary Registration District No. 6022 Registrar's No. 123

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Twp.		Length of stay in 1b minutes	c. CITY OR TOWN Norborne Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 Mi. West Highway 10		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 304 W 4th Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle THOMAS Last KASSEN			4. DATE OF DEATH Month Sept. Day 4, Year 1961
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 11-3-24
9. AGE (last birthday) 36		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) Car Dealer		10b. KIND OF BUSINESS OR INDUSTRY Automotive	11. BIRTHPLACE (City and state or country) Norborne, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME B. F. Kassen	
13b. MOTHER'S MAIDEN NAME Mary Agnes Wegeng		14. NAME OF HUSBAND OR WIFE Jeanette Kassen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 499-16-9336	17. INFORMANT Bernard Kassen, Norborne, Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broken Neck DUE TO (b) Internal Injuries DUE TO (c) Instant Death. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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.) 2 car accident	
20c. TIME OF INJURY Hour 1 p.m. Month, Day, Year 9-4-1961		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway 10		20f. CITY, TOWN, OR LOCATION 5 mi. West Richmond COUNTY Ray STATE Missouri	
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at 1:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. O. Safford Coroner		22b. ADDRESS Richmond, Mo.	22c. DATE SIGNED 9-5-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-6-61	23c. NAME OF CEMETERY OR CREMATORY Fairhaven Cemetery	23d. LOCATION (City, town, or county) (State) Norborne, Missouri
24. FUNERAL DIRECTOR GIBSON FUNERAL HOME NORBORNE, MO.		25. DATE RECD. BY LOCAL REG. 9-9-1961	26. REGISTRAR'S SIGNATURE Malcolm Jackson

OCT 4 1961

SEP 26 1961

SEP 13 1961

SEP 11 1961

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 James F. Gibson

Licensed Embalmer No. 5076

P. O. Address Carrollton

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.