

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005452

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1823

FILED FEB 18 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carter	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 5 Days	c. CITY OR TOWN Hunter
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None
3. NAME OF DECEASED (Type or print) First IRVIN Middle HENRY Last CASSITY		4. DATE OF DEATH Month FEB Day 10 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-21-95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employment Officer		10b. KIND OF BUSINESS OR INDUSTRY Employment Officer	11. BIRTHPLACE (City and state or country) Peoria Ill
13a. FATHER'S NAME Harry Cassity		13b. MOTHER'S MAIDEN NAME Jenny Carthwaite	14. NAME OF HUSBAND OR WIFE Martha Cassity
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) Yes WWI		17. INFORMANT VA. Hospital Records, Poplar Bluff, Mo.	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONJESTIVE HEART FAILURE DUE TO (b) MYOCARDIAL INFARCTION OLD DUE TO (c) CORONARY ARTERIOSCLEROSIS			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) AORTIC ANSURYSM			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	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 VA Month, Day, Year 2-5-63	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.) VA		20f. CITY, TOWN, OR LOCATION VA. Hospital Poplar Bluff, Mo.	COUNTY STATE
21. VA attended the deceased from 2-5-63 to 2-10-63 and last saw her alive on 2-10-63 Death occurred at 6:30PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) FRED M. DUNN, Pathologist		22b. ADDRESS VA. Hospital Poplar Bluff, Mo.	22c. DATE SIGNED 2-10-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-12-63	23c. NAME OF CEMETERY OR CREMATORY Van Buren Cemetery	23d. LOCATION (City, town, or county) (State) Van Buren Mo
24. FUNERAL DIRECTOR McSpadden	ADDRESS Van Buren Mo.	25. DATE RECD. BY LOCAL REG. 2-15-1963	26. REGISTRAR'S SIGNATURE Helena Graham

FEB 25 1963

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

Allen C. McFadden

Licensed Embalmer No. 4543

P.O. Address Van Buren, 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.