

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011022

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 18

FILED MAR 26 1963

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>Dallas</u> | | a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u> | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wilson</u> | | c. CITY OR TOWN | |
| Length of stay in lb <u>life</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Long Lane, Mo.</u> | | d. STREET ADDRESS (if outside, give location) <u>Long Lane, Mo.</u> | |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED | | 4. DATE OF DEATH | |
| First Middle Last <u>John - Casler</u> | | Month Day Year <u>March 1, 1963</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct. 30, 1878</u> |
| 9. AGE (last birthday) <u>84</u> | | IF UNDER 1 YEAR Months <u>4</u> Days <u>2</u> | IF UNDER 24 HR Hours <u>3</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY - | 11. BIRTHPLACE (City and state or country) <u>Dallas County, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | | 13. FATHER'S NAME <u>Eligah Casler</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Margaret Hinkle</u> | | 14. NAME OF HUSBAND OR WIFE <u>Rosa Casler</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 17. INFORMANT <u>Veda Hull Long Lane, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I: DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH | |
| IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> | | <u>3 hrs.</u> | |
| DUE TO (b) <u>Coronary sclerosis</u> | | <u>?</u> | |
| DUE TO (c) <u>Arteriosclerosis</u> | | | |
| 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 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 <u>Nov. 1957</u> to <u>March 1, 1963</u> and last saw him alive on <u>March 1, 1963</u> Death occurred at <u>11:10 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Joseph G. Bennett, D.O.</u> | | 22b. ADDRESS <u>Buffalo, Missouri</u> | |
| 22c. DATE SIGNED <u>3/4/63</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>3-4-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Ridge</u> | 23d. LOCATION (City, town, or county) <u>Dallas County, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Montgomery Funeral Home Buffalo, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>3/23/63</u> | | 26. REGISTRAR'S SIGNATURE <u>Mrs. Veda Hull</u> |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

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Rev. 4/59

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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

Blyde Montgomery

Licensed Embalmer No.

3592

P. O. Address

Buffalo, 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.