

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025734

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB
 AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6451** STATE FILE NUMBER

VS 300 Rev. 4/59
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 (INSTEAD OF)
 DATE AMENDED
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF
 USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN NOKOMIS	
Length of stay in 1b 7 DAYS		d. STREET ADDRESS (If outside, give location) ROUTE # 1	
3. NAME OF DECEASED (Type or print) First Middle Last JEROME P. CASSIDY		4. DATE OF DEATH Month Day Year JUNE 18, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/30/95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) NOKOMIS, ILLINOIS
13a. FATHER'S NAME TOM CASSIDY		13b. MOTHER'S MAIDEN NAME EVELYN GOLDEN	14. NAME OF HUSBAND OR WIFE NEVER MARRIED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO.	17. INFORMANT TOM CASSIDY (BROTHER) NITES, ILL.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CORONARY THROMBOSIS POST-OP EXPLORATORY LAPAROTOMY Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. } DUE TO (b) ADENOCARCINOMA OF COMMON BILE DUCT DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 1 HR
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1551			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 checked="" 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.	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. // attended the deceased from 6/11/63 to 6/18/63 and last saw him alive on 6/18/63 Death occurred at 7:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Marvin F. Silver</i>		22c. DATE SIGNED 6/19/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 6-21-1963	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) Nokomis, Ill.	
24. FUNERAL DIRECTOR Davis F. Home Nokomis, Ill.		25. DATE RECD. BY LOCAL REG. JUN 19 1963	
		26. REGISTRAR'S SIGNATURE <i>Loed Smith, M.D.</i>	

MISSOURI

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ADDRESS

CITY

STATE

DEPARTMENT OF HEALTH

DATE

BY

MISSOURI DEPARTMENT OF HEALTH

1951

1951

MISSOURI

BY

1951

TO

NAME

NO.

DATE

DATE

ADDRESS

CITY

STATE

MISSOURI DEPARTMENT OF HEALTH

MISSOURI

DATE

BY

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,

Not Embalmed

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed John J. Kasey III

Licensed Embalmer No. 5039

P. O. Address E. St. Louis 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.

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