

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27530**

FILED SEP 4 1956.

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>99</u>		
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>				
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>		c. CITY OR TOWN <u>Purdin</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0580</u>				
3. NAME OF DECEASED (Type or Print) <u>WILLIAM HARRISON CASSITY</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>Aug-23-1956</u>		(Month) (Day) (Year)		5. SEX <u>M</u>		6. COLOR OR RACE <u>Wh.</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept-21-1868</u>		9. AGE (In years) <u>87</u>		10. IF UNDER 1 YEAR (Months) <u>11</u>		
11. IF UNDER 24 HRS. (Hours) <u>2</u>		11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Farmer</u>		11b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Purdin Mo</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12a. FATHER'S NAME <u>James J. Cassity</u>		12b. MOTHER'S MAIDEN NAME <u>Rebecca Moore</u>		12c. NAME OF HUSBAND OR WIFE <u>Rena Cassity</u>		
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		14. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Edna Bell Brookfield</u> ADDRESS <u>Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Thrombosis</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left Ventricular Enlargement</u>				years _____		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		332X		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Aug 2, 1956</u> , to <u>Aug 23, 1956</u> , that I last saw the deceased alive on <u>Aug 23, 1956</u> , and that death occurred at <u>9:39 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. H. Potter</u> (Degree or title) <u>Dr.</u>				23b. ADDRESS <u>P.O. Brookfield Mo</u>		23c. DATE SIGNED <u>8-24-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-25-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-25-56</u>		REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Blacklock</u> ADDRESS <u>Brookfield Mo</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *J. G. Blacklock*.....

Licensed Embalmer No. *2246*.....

P. O. Address *Brookfield*.....

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.