

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12195

State File No.

Registration District No.

792

Primary Registration District No.

6030

Registrar's No.

1. PLACE OF DEATH:

(a) County Saline
 (b) City or town Napton Rural Arrow Rock
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Napton, Mo. R.F.D. 1 #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 75 yrs. (Specify whether years, months or days)
 In this community: 75 yrs.

8. (a) PRINT FULL NAME Susan Stice Casey8. (b) If veteran, X

name war.

3. (c) Social Security

No.

4. Sex Female 5. Color or race White6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Henry C. Casey6. (c) Age of husband or wife if alive years7. Birth date of deceased June 26, 1853
(Month) (Day) (Year)8. AGE: Years 87 Months 9 Days 11 If less than one day hr. min.9. Birthplace Boone County, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Joshua Stice
 13. Birthplace Don't Know. Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Coats
 15. Birthplace Boone County, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Eikerman(b) Address Napton, Mo.17. (a) Burial (b) Date thereof 4/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Arrow Rock, Mo.18. (a) Signature of funeral director J. L. Lawless(b) Address Mansfield, Mo.19. (a) 4-10-1941 (b) J. L. Lawless
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
 (c) City or town Napton
 (If outside city or town limits, write "RURAL")
 (d) Street No. Napton R.F.D. 1 #1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 11 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1941 hour 9:30 minute PM21. I hereby certify that I attended the deceased from April 9-11
1941, to April 7, 1941
that I last saw her alive on April 7, 1941
and that death occurred on the date and hour stated above.Immediate cause of death Hypostatic PneumoniaDue to General, Severe
CerebralOther conditions 16
(Include pregnancy within 3 months of death)Major findings:
Of operations 16Of autopsy ✓

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature J. L. Lawless (M. D. or other) 11
 Address Mansfield Mo Date signed 4-10-41

162

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-17-41

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Loisie Surry
Licensed Embalmer No. 3235

P. O. Address *Marshall, 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 this body is not embalmed, above space should be left blank.