

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. ~~2506A~~ 25062
Registrar's No. 158

Registration District No. 310

Primary Registration District No. 5429A

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Darlington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Amanda S. Cassity

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 8 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Havana, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name W.H. Cassity

13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary J. Fugate

15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Steve Cassity

(b) Address Darlington, Missouri
Grandview

17. (a) _____ (b) Date thereof July 23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview

18. (a) Signature of funeral director Cliff Broke

(b) Address Albany, Mo.

19. (a) July 30-41 (b) Mattie David
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Darlington
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1941 hour 8 minute 05 A. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h_{er} alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis
otitis media

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place) (Means of injury)

23. Signature W. B. Blacklock (M. D. number) 0
Address Irving City, Mo. Date signed 7/31/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 me

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

Signed *C. H. Books*
Licensed Embalmer No. 3329

P. O. Address Albany, Missouri

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, fact should be so stated above.