

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 21 1943

Primary Registration District No. 5628

Registrar's No. _____

1. PLACE OF DEATH:

(a) County LACLEDE

(b) City or town BRASCONADE TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
BROWNFIELD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 35 YRS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. BROWNFIELD MO
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME DAVID FRANKLIN CASEBOLDT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 8
year 1943 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from 5-7 1943 to 5-8 1943
that I last saw him alive on 5-7 1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife ELSIE M. LAYTON

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

7. Birth date of deceased NOV 20 1877
(Month) (Day) (Year)

Immediate cause of death Angina Pectoris

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 946

8. AGE: Years Months Days If less than one day

65 5 18 hr. min.

9. Birthplace LACLEDE Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name JAS CASEBOLDT

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

14. Maiden name NOT KNOWN

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

16. (a) Informant John Owen Hoffman

(b) Address Lebanon Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-10-43
(Month) (Day) (Year)

(c) Place: burial or cremation WHITE OAK CEM.

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON MO

19. (a) 5-17-43 (Date received local registrar) (b) Grace Roper (Registrar's signature)

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) (e) Means of injury 0

23. Signature J. W. Lindsey (M. D. or other) M.D.
Address Conway Date signed 5-11-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

53
0
0

Received JUN 4 1943

Laclede County Health Unit

File No. 5-43-84

Date Filed JUN 15 1943

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 Weyn Dietz

Licensed Embalmer No. 4 3 3 3

P. O. Address Lebanon 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, fact should be so stated above.