

S. No. 2
M-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26365

State File No. _____

FILED AUG 9 1943

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada-Washington twps
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hosp No 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 11 years 10 mo 7 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Everton
(If outside city or town limits, write "RURAL")
(d) Street No. R 2
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES-VIRGIL-CASADA

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Lela Casada 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased Dec 11 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 7 10 - hr. - min.

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

10. Usual occupation formerly farmer

11. Industry or business none

12. Name J. D. Casada

13. Birthplace Dade County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Friend

15. Birthplace Dade County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp No 3

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 7-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friend Cemetery

18. (a) Signature of funeral director Ward General Home

(b) Address Greenfield Mo.

19. (a) 7-26-43 (b) Hazel B. Burch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1943 hour One minute 30A M.

21. I hereby certify that I attended the deceased from Oct 1939 to July 22 1943
that I last saw him live on July 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration _____

Due to _____
Due to _____

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

Major findings: Dementia Precox

Of operations none Of autopsy none

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

(a) Accident, suicide, or homicide (specify) No.

(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?
(Specify type of place) (e) Means of injury 0

While at work? _____

23. Signature Paul L. Barne (M. D. or other)

Address State Hosp No 3 Date signed July 22 1943

1381 (Licensed Embalmer's Statement on Reverse Side) nevada mo

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 71

District File Number 7-43-8-32

Date Filed 8-7-43

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 *Sam C. Senceny Jr*
.....
Licensed Embalmer No. 4099

P. O. Address *Greenfield, 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.