FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 15 1948

Registration District No. 8

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5225

State File No. 25728

Registrar's No. 10

1. PLACE OF DEATH:
(a) County: Cedar
(b) City or town: Rural Benton
(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 years, months or days)
In this community: all of her life

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County 20
(c) City or town 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Mary Addie Cassell
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Grant Cassell
6. (c) Age of husband or wife if alive: X years
7. Birth date of deceased: October (Month) 29, (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	8	27	hr. min.

9. Birthplace: Arcola, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business: X

FATHER
12. Name: John Lemaster
13. Birthplace: Unknown (City, town, or country) 0 (State or foreign country)

MOTHER
14. Maiden name: Anna Willett
15. Birthplace: Unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Mrs Leroy O'Connor
(b) Address: Stockton Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Burial
18. (a) Signature of funeral director: Church & Neale
(b) Address: Stockton, Missouri
19. (a) 8-4-48 (Date received local registrar) (b) Mrs Velma Ellis (Registrar's signature) 58

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1948 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from 7-21- 1948, to 7-26- 1948, that I last saw her alive on 7-26- 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	hrs.
Due to: Hypertension	
Arteriosclerosis	yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death): Gall stones	

Major findings:
Of operations: 36
Of autopsy:

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: Wm B Keller (M. D. or other)
Address: Stockton Mo Date signed 8-3-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 8-48-108
Date Filed 9-14-48

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.