

FILED OCT 13 1948

State File No. _____

Registration District No. 101

Primary Registration District No. 5409

Registrar's No. 47

1. PLACE OF DEATH:

(a) County DOUGLAS
(b) City or town MILLER TWP - RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 yrs (Specify whether years, months or days)
In this community 50 yrs

3. (a) PRINT FULL NAME LOUIE CLARK CASIDA

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife LIZZIE CASIDA 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 13 1877
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 21 If less than one day hr. _____ min. _____

9. Birthplace (City, town, or county) FAIRMONT - RETIRED (State or foreign country) 9

10. Usual occupation FAIRMONT - RETIRED

11. Industry or business

12. Name DENNIS CASIDA
13. Birthplace NOT KNOWN (City, town, or county) (State or foreign country) 9
14. Maiden name MARY SIKBOK
15. Birthplace NOT KNOWN (City, town, or county) (State or foreign country) 9

16. (a) Informant Mellie Brooke
(b) Address MANSEFIELD MO. R-2

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 48 (Month) (Day) (Year)

(c) Place: burial or cremation MT EVERETT SP. MO.

18. (a) Signature of funeral director Geo. Stiffe

(b) Address MANSEFIELD MO.

19. (a) OCT 6 48 (Date received local registrar) (b) Westab Bushman (Registrar's signature) 5411

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DOUGLAS
(c) City or town MILLER TWP - RURAL (If outside city or town limits, write "RURAL") 3
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 4 year 1948 hour 5 minute A M.

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

Immediate cause of death Probably Coronary Thrombosis
death was sudden and without
Due to medical aid

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?

While at work? (Specify type of place) (e) Means of injury 3

23. Signature E. V. Clinkingbeard (M.D. or other) CORONER
Address Quaimo Date signed 10-11-48

RECEIVED
District Health Officer No. 6,
District File Number 1048-1168
Date Filed 10-12-48

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 FA. Stiffe
Licensed Embalmer No. 3221
P. O. Address Manassas 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.