

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26408**

FILED AUG 22 1949
47984-49

BIRTH NO. _____ REG. DIST. NO. **68** PRIMARY REG. DIST. NO. **4119** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chadwick	
d. FULL NAME OF HOSPITAL OR INSTITUTION Haguewood Hospital		d. STREET ADDRESS (If rural, give location) Home	

3. NAME OF DECEASED (Type or Print) a. (First) Linda b. (Middle) Janet c. (Last) Casey			4. DATE OF DEATH (Month) (Day) (Year) 6 27 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH 6-27-1949		9. AGE (In years last birthday) 0		IF UNDER 1 YEAR: Months 0 Days 0	
IF UNDER 24 HRS. Hours 0 Min. 4		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY --	
11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Oren Casey		13b. MOTHER'S MAIDEN NAME Margaret Nance		14. NAME OF HUSBAND OR WIFE none	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mr. Oren Casey ADDRESS Chadwick, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth (distrs)			INTERVAL BETWEEN ONSET AND DEATH 6 hours	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **27 June, 1949**, to **27 June, 1949** that I last saw the deceased alive on **27 June, 1949**, and that death occurred at **12:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Ozark, Mo		23c. DATE SIGNED 27 June 1949	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-28-1949		24c. NAME OF CEMETERY OR CREMATORY Mound Cemetery		24d. LOCATION (City, town, or county) (State) Christian County Missouri	
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DATE REC'D BY LOCAL REG. Aug 1-1949		REGISTRAR'S SIGNATURE Loretta Leonard		59		25. FUNERAL DIRECTOR'S SIGNATURE John Dean Harris ADDRESS Clever, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 17 1949

District Health No. 6,

District File Number 849-952

Date Filed 8-18-49

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.....

Student Embalmer No.

working under my personal supervision.

Signed John Alan Harris

Signed.....
Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.