

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 1 1949

4186 State File No. 26560

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 432 Registrar's No. 34

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1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Franklin	
b. CITY OR TOWN Sullivan, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan, MO.		36	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sullivan Mo.		d. STREET ADDRESS Sullivan Mo.		4	

3. NAME OF DECEASED (Type or Print) Samuel Levi Cassidy			4. DATE OF DEATH (Month) (Day) (Year) Aug. 22, 1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 17, 1884	9. AGE (In years last birthday) 64	10. MONTHS 8	11. DAYS 5	12. HOURS 1	13. MIN. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Man	10b. KIND OF BUSINESS OR INDUSTRY Railroad Man	11. BIRTHPLACE (State or foreign country) United States	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME John Cassidy	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Agnes Cassidy
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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. 702-03-9624	17. INFORMANT'S SIGNATURE OR NAME Mrs. Agnes Cassidy Sullivan	18. ADDRESS Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			7201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Meramec Franklin Mo.
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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 8-22, 1949, to 8-22, 1949, that I last saw the deceased alive on 8-22, 1949, and that death occurred at 3:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. [Signature]</u>	(Degree or title)	23b. ADDRESS 100 W. Main Sullivan Mo.	23c. DATE SIGNED 8-23-1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 25, 1949	24c. NAME OF CEMETERY OR CREMATORY Oak Hill	24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.
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DATE REC'D BY LOCAL REG. 8-23-1949	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS Sullivan Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 25 1949

District File Number

District Health Officer No. 9,

RECEIVED AUG 29 1949

OCT 24 1949

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

J. A. Humphrey

Student Embalmer No. *316*

working under my personal supervision.

Signed *J. A. Humphrey*
Student Embalmer

Signed *Phos. P. Stoffer*

Licensed Embalmer No. *2692*

P. O. Address *Sullivan M*

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.