

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41614

State File No. _____

57
26

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

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4287 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TROY MO</u>		c. LENGTH OF STAY (in this place) <u>4 yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Troy</u>		57
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>/</u>			d. STREET ADDRESS (If rural give location) <u>26</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>HOMER</u> c. (Last) <u>CASNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-15-49</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>8-1-1871</u>	9. AGE (In years last birthday) <u>78</u>	10. IF UNDER 1 YEAR Days <u>4</u> Hours <u>14</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Casner</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Iris Duesy Casner</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Iris Duesy Casner</u> ADDRESS <u>Troy MO</u>		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u> 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. <u>151X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>X Ray findings confirm diagnosis</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)			
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?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>J. L. Beresch</u> (Degree or title) <u>MO</u>		23b. ADDRESS <u>Troy</u>		23c. DATE SIGNED <u>12/17/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-18-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Wright City MO</u>		
DATE REC'D BY LOCAL REG. <u>12-17-49</u>	REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne McRoy</u>	ADDRESS <u>Troy MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

District File Number
District Health Officer No. 9
RECEIVED
DEC 19 1913

DEC 28 1913

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 _____
Student Embalmer

Signed *Wayne McCoy*
Licensed Embalmer No. *3586*
P. O. Address *Troy 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.