

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43637**BIRTH NO. _____ REG. DIST. NO. **3740-101** PRIMARY REG. DIST. NO. **6280 5402** Registrar's No. **75**

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Norwood Rt. #2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Norwood Rt. #2 0340	
d. FULL NAME OF HOSPITAL OR INSTITUTION Norwood Rt. #2		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Rieve c. (Last) Casaday		4. DATE OF DEATH (Month) 11-24 (Day) 1949 (Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-22-1870
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 1 Days 2	IF OVER 1 YEAR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Merchant		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Tipton Tenn.
			12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Casaday	13b. MOTHER'S MAIDEN NAME Margaret Bishop	14. NAME OF HUSBAND OR WIFE Cora May Casaday
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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 Kenneth D. Casaday RT. 2, NORWOOD, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 Dec 1943
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage		DUPLICATE OF (b) Arteriosclerosis		Not known
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE OF (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				331X

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 **20 April, 1949**, to **24 Nov**, 1949, that I last saw the deceased alive on **12 Nov**, 1949, and that death occurred at **1:00 A.** m., from the causes and on the date stated above.

23a. SIGNATURE W. C. Connor	(Degree or title) M.D. Mountain Grove, Mo.	23b. ADDRESS	23c. DATE SIGNED 25 Nov. 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-27-1949	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery	24d. LOCATION (City, town, or county) (State) Andrew county Mo.
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DATE REC'D BY LOCAL REG. 12-1-49	REGISTRAR'S SIGNATURE Wm. A. B. Washburn	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Thomas Pauldine	ADDRESS Norwood, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 10 1949

District Health Office No. 6,

District File Number 1249-1350

Date Filed 12-14-49

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, THOMAS

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Thomas J. Hamilton

Licensed Embalmer No. 4317

P. O. Address NORWOOD, 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.