

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2204

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) Farmington OR TOWN RURAL		c. CITY (If outside corporate limits, write RURAL and give township) Bonne Terre OR TOWN RURAL	
c. LENGTH OF STAY (in this place) 1M; 7D.		d. STREET ADDRESS (If rural, give location) Route 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri State Hospital No. 4			

3. NAME OF DECEASED a. (First) WILLIAM (Type or Print)		b. (Middle) R.		c. (Last) CASBY		4. DATE OF DEATH (Month) (Day) (Year) Jan. 13, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 19, 1862	
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common labor		11. BIRTHPLACE (State or foreign country) Ste. Genevieve County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Casby		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Louisa Thurman	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records State Hospital No. 4, Farmington, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Terminal		INTERVAL BETWEEN ONSET AND DEATH 3 to 4 das	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b)		332X	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Cerebral Thrombosis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Cerebral Arteriosclerosis		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)		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 **Dec. 6, 1949**, to **Jan. 13, 1950**, that I last saw the deceased alive on **Jan. 13, 1950**, and that death occurred at **4:35P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>John A. Brennan M.D.</i>		23b. ADDRESS State Hospital No. 4, Farmington, Mo.		23c. DATE SIGNED 1-16-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 15, 1950		24c. NAME OF CEMETERY OR CREMATORY Little Vine Cem.	
24d. LOCATION (City, town, or county) (State) St. Genevieve County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Edith... Mo</i>			

DATE REC'D BY LOCAL REG. Jan. 16, 1950		REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Edith... Mo</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0940

RECEIVED

JAN 23 1950

DISTRICT HEALTH OFFICE No. 4

File No. 150-116

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.

Student
Student Embalmer

Signed Clarence J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonnie Terrace 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.