

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9933

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5988 Registrar's No. 15

0860

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

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Worthington</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Worthington</u>		0860			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>city</u>				d. STREET ADDRESS (If rural, give location) <u>city</u> 0					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>O.</u>		c. (Last) <u>Cassady</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 17, 1950</u>			
5. SEX <u>M</u> 0		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> 2		8. DATE OF BIRTH <u>Feb. 26, 1879</u>			
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>21</u>		IF UNDER 12 HRS. Hours <u>21</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>Putnam Co., Mo.</u> 0			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>Sam Cassady</u>		13b. MOTHER'S MAIDEN NAME <u>Mealey Ann Mullanix</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lano Cassady</u> ADDRESS <u>Unionville 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>36 months</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Chronic glomerulonephritis, arteriosclerosis</u> DUE TO (c) <u>hypertension</u>						Years <u>44 1/2 X</u>	
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 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 <u>Mar 2, 1950</u> , to <u>Mar 17, 1950</u> , that I last saw the deceased alive on <u>Mar 17, 1950</u> , and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Chas. L. Gidd</u> (Degree or title)				23b. ADDRESS <u>Unionville Mo</u>				23c. DATE SIGNED <u>3/18/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>		24b. DATE <u>Mar 20, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Long Pine</u>		24d. LOCATION (City, town, or county) (State) <u>Putnam Co Mo</u>			
DATE REC'D BY LOCAL REG. <u>3-25-50</u>		REGISTRAR'S SIGNATURE <u>Marshall Durbin</u> 2660		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Husted</u>		ADDRESS <u>Unionville Mo</u>			

APR 7 1950

APR 1 1950

RECEIVED

District Health Officer No. 10

District No. 4-50-54

Date Filed APR 1 1950

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.....

Licensed Embalmer No.....

P. O. Address.....

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.