

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19678

No. 300
10.48

2700

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

BIRTH NO. _____		REG. DIST. NO. <u>60</u>		PRIMARY REG. DIST. NO. <u>5235</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural, Benton</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jerico Spgs. Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Veronica</u>		b. (Middle) <u>Marie</u>		c. (Last) <u>Cazasty</u>	
4. DATE OF DEATH (Month) (Day) (Year)		<u>Mar</u>		<u>31</u>		<u>1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 24, 1885</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. <u>64</u> <u>6</u> <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>LaMont Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Martin Darsch</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Mann</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Cazasty</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 ADDRESS <u>Fred Cazasty, Jerico Springs, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Labar pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>Cardiac asthma & gasms</u>					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) <u>Exposure</u>					
		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death. <u>Valvular Heart Disease</u>				<u>490X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>3-19</u> , 19 <u>50</u> , to <u>3-31</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-31</u> , 19 <u>50</u> , and that death occurred at <u>4</u> <u>pm</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. Bannister M.D.</u> (Degree or title)				23b. ADDRESS <u>Jerico Springs Mo</u>		23c. DATE SIGNED <u>3-31-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Apr. 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross</u>		24d. LOCATION (City, town, or county) (State) <u>Lansing, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>4-1-50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Velma Ellis</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John A. Cantlow</u>		ADDRESS <u>Stacton, Mo.</u>	

RECEIVED
DISTRICT HEALTH OFFICE No. _____
District File Number _____
Date Filed 6-28-50

JUN 27 1950

JUN 29 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 John A. Carlton
Licensed Embalmer No. 4387

P. O. Address Stockton, Md

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.