

FILED JUL 21 1950

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25772

BIRTH NO. _____		REG. DIST. NO. 330		PRIMARY REG. DIST. NO. 1112		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL KELSOWD</u>		c. LENGTH OF STAY (in this place) <u>30 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL KENSU</u>		1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME 1/2 MI EAST OF ILLMO</u>				d. STREET ADDRESS <u>1/2 MI EAST OF ILLMO</u>			
3. NAME OF DECEASED. (Type or Print)		a. (First) <u>O DELIA</u>		b. (Middle)		c. (Last) <u>CASSOUT</u>	
4. DATE OF DEATH		(Month) <u>JUNE</u>		(Day) <u>18</u>		(Year) <u>1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC 9 1914</u>		9. AGE (In years last birthday) <u>35</u> 6 9	
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 <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>KASKASKIA ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>WM. DE ROUSSE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ELLEN MAYNARD</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM CASSOUT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bertha Owen</u>		ADDRESS <u>Illmo 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>				<u>1 yr - 3 mo</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. ... DUE TO (c) <u>fracture of the surgical neck of right femur.</u>				<u>42224</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) <u>Fornfelt Scott Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 17 '49</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell in yard at home</u>			
22. I hereby certify that I attended the deceased from <u>June 10, 1950</u> , to <u>June 18, 1950</u> , that I last saw the deceased alive on <u>June 10, 1950</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Fred W. Martin, M.D.</u>				23b. ADDRESS <u>Illmo, Mo.</u>		23c. DATE SIGNED <u>6-20-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-21-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HIGHTNER</u>		24d. LOCATION (City, town, or county) (State) <u>ILLMO MO</u>	
DATE REC'D BY LOCAL REG. <u>7-9-50</u>		REGISTRAR'S SIGNATURE <u>W. F. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>... ..</u>		ADDRESS <u>...</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 13 1950
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 750-79

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 Oliver A. Amick

Licensed Embalmer No. 4470

P. O. Address Illness, 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.