S. No. 300
. 10-48

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27314

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3029 Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Crystal City
c. LENGTH OF STAY (In this place) 45 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Crystal City 0501
d. STREET ADDRESS (If rural, give location) 707 Crystal Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Lydia b. (Middle) c. (Last) Casey

4. DATE OF DEATH (Month) (Day) (Year) June 19, 1950

5. SEX 3 Female
6. COLOR OR RACE colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH June 16, 1877
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months — Days 3 — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Washington Co. - Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Chas. Gray
13b. MOTHER'S MAIDEN NAME Mary Dean
14. NAME OF HUSBAND OR WIFE ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Simon Casey ADDRESS Crystal City, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____ 4222

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Chronic Dysentery — 3 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1950, to June 19, 1950, that I last saw the deceased alive on June 15, 1950, and that death occurred at 7:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE J. Rammerford MD (Degree or title)
23b. ADDRESS Crystal City Mo
23c. DATE SIGNED June 21-1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 22, 1950
24c. NAME OF CEMETERY OR CREMATORY Mt. Zion
24d. LOCATION (City, town, or county) (State) Crystal City, Mo.

DATE REC'D BY LOCAL REG. 6/21/50
REGISTRAR'S SIGNATURE Cleora Bellevilly 142
25. FUNERAL DIRECTOR'S SIGNATURE Gentry R. Tolette ADDRESS Crystal City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 8-17-50

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 Gentry R. Poliette

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.