No. 300
10.48

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

FILED SEP 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27721

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 5873 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Oregon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alton - Rural -
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Oregon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alton - Rural - 0750
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): Fred
c. (Last): CASEY

4. DATE OF DEATH (Month) (Day) (Year): Aug. 24 1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: SEPT. 2, 1894
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months 11, Days 10 — IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: LOUIS CASEY
13b. MOTHER'S MAIDEN NAME: ANNIE ELLISON
14. NAME OF HUSBAND OR WIFE: alice Casey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Pete Hensley — ADDRESS: Alton, Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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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* Aug. 15, 1950, *to* Aug. 24, 1950, *that I last saw the deceased alive on* Aug. 15, 1950, *and that death occurred at* 10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): M.D.
23b. ADDRESS: Alton Missouri
23c. DATE SIGNED: 8/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-26-1950
24c. NAME OF CEMETERY OR CREMATORY: Liberty Cemetary
24d. LOCATION (City, town, or county) (State): Oregon County Mo.

DATE REC'D BY LOCAL REG.: Aug 30-50
REGISTRAR'S SIGNATURE: Mrs W.C. Johnson 233
25. FUNERAL DIRECTOR'S SIGNATURE: John A. Clary — ADDRESS: Alton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 5 1950
DISTRICT HEALTH OFFICE No. 3
File No.....

SEP 14
SEP 1

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 ..... Signed John D. Clark
Student Embalmer

Licensed Embalmer No. 4475

P. O. Address Box 398, Alton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.