

FILED NOV 13 1950

STANDARD CERTIFICATE OF DEATH

State File No. 34314

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 78

1. PLACE OF DEATH  
 a. COUNTY Perry  
 b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Perryville Mo.  
 c. LENGTH OF STAY (in this place) Life  
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri b. COUNTY Perry  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville Mo. 0791  
 d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)  
 a. (First) Charles b. (Middle) E. c. (Last) Cashion  
 4. DATE OF DEATH (Month) (Day) (Year) Nov. 2 1950

5. SEX Male 0  
 6. COLOR OR RACE White  
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed  
 8. DATE OF BIRTH Nov. 11 1871  
 9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME John B. Cashion  
 13b. MOTHER'S MAIDEN NAME Emma Block  
 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) No  
 16. SOCIAL SECURITY NO. None  
 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Guth Perryville Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic Bronchitis, Asthmatic.  
 ANTECEDENT CAUSES  
 \*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
 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. Oedema of lungs  
 INTERVAL BETWEEN ONSET AND DEATH 241X

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) (Minute) 3:55 P.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 Nov 2, 1950, to Nov 2, 1950, that I last saw the deceased alive on Nov 2, 1950, and that death occurred at 7 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] M.D.  
 23b. ADDRESS Perryville Mo  
 23c. DATE SIGNED 11-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  
 24b. DATE Nov. 4 1950  
 24c. NAME OF CEMETERY OR CREMATORY Home Cemetery  
 24d. LOCATION (City, town, or county) (State) Perryville Mo.

DATE REC'D BY LOCAL REG. Nov 4-1950  
 REGISTRAR'S SIGNATURE [Signature] 250  
 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

NOV 9 1950

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Wallace Young*.....

Licensed Embalmer No. *4027*.....

P. O. Address *Perryville*.....

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.