

STANDARD CERTIFICATE OF DEATH

State File No. **15512**

FILED MAY 16 1951

BIRTH NO. _____ REG. DIST. NO. **6** PRIMARY REG. DIST. NO. **5031** Registrar's No. **15**

1. PLACE OF DEATH
a. COUNTY **Audrain**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Audrain**

b. CITY (If outside corporate limits, write RURAL and give township)
QUIVRE Twp.

c. LENGTH OF STAY (In this place)

c. CITY (If outside corporate limits, write RURAL and give township)
QUIVRE TWP RURAL

d. FULL NAME OF HOSPITAL OR INSTITUTION
Highway 54 East of Farber Mo

d. STREET ADDRESS (If rural, give location)
2 1/2 mi. West of Vandalia

3. NAME OF DECEASED
a. (First) **Harry**

b. (Middle) **Edward**

c. (Last) **Cassiday**

4. DATE OF DEATH (Month) (Day) (Year)
April 28 1951

5. SEX
M

6. COLOR OR RACE
W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED
never married

8. DATE OF BIRTH
May 6, 1893

9. AGE (In years) (Month) (Day) (Year)
57 11 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
FARMING

11. BIRTHPLACE (State or foreign country)
Gazette, Missouri

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
William Perry Cassiday

13b. MOTHER'S MAIDEN NAME
Sarah Roberts

14. NAME OF HUSBAND OR WIFE
none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service)
yes

World War I

16. SOCIAL SECURITY NO.
none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mr. B. F. Cassiday Vandalia 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Fractured Spine and Pelvis on right side. Injury received while riding in a pick up truck. Truck driven by a passenger into canal. L. Lawson Rock Island Ill.**
ANTECEDENT CAUSES **due to (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**
II. OTHER SIGNIFICANT CONDITIONS **due to (c) Anquet, verdict not rendered to date by jury.**
INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
None

19b. MAJOR FINDINGS OF OPERATION
Anquet postponed to obtain witnesses

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Highway 54

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
East of Charter Audrain Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
April 28-51 2 P.M.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
Auto struck Pickup Truck

22. I hereby certify that I attended the deceased from **Crown Case**, 19 **67**, that I last saw the deceased **April 28, 1951**, and that death occurred at **Clinton Mo.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
S. C. Adams M.D. Crown

23b. ADDRESS
Mexico Mo.

23c. DATE SIGNED
4-28-51

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
April 30 1951

24c. NAME OF CEMETERY OR CREMATORY
FARBER CEMETERY

24d. LOCATION (City, town, or county) (State)
FARBER MISSOURI

DATE REC'D BY LOCAL REG.
MAY 10 1951

REGISTRAR'S SIGNATURE
Mallie Fugate

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
W. B. Waters Vandalia, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Full correct cert. preparation with cert. coroner

MAY 28 1951

Date Received: MAY 11 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-57-901
Date Filed: MAY 12 1951

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 *Wm. B. Hater*.....

Licensed Embalmer No. *4169*.....

P. O. Address *Vandalia 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.