

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22667**

FILED JUL 19 1951

3. No. 300  
V. 10. 48

375  
0

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4188 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wichita</u> <u>8150</u>	
c. LENGTH OF STAY (In this place) <u>35 min.</u>		d. STREET ADDRESS (If rural, give location) <u>1200 N. Poplar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Owensville</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dyca</u> b. (Middle) <u>Mae</u> c. (Last) <u>McCaslin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 27 1951</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>Aug. 4, 1884</u>		9. AGE (In years last birthday) <u>66</u>		10. UNDER 1 YEAR Months _____ Days _____	
11. UNDER 1 YEAR Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>			

13a. FATHER'S NAME <u>James Fuller</u>		13b. MOTHER'S MAIDEN NAME <u>Alwilda Long</u>		14. NAME OF HUSBAND OR WIFE <u>Geo. McCaslin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Wilbanks</u> ADDRESS <u>O'Fallon, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE MYOCARDITIS</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 MINUTES</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>DONT KNOW</u>			
		DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>DONT KNOW</u>			

19a. DATE OF OPERATION <u>NONE</u>		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>OWENSVILLE GASCONADE MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from JUNE 27, 1951, to JUNE 27, 1951, that I last saw the deceased alive on JUNE 27, 1951, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. G. Bradley, D.O.</u>		23b. ADDRESS <u>OWENSVILLE MO.</u>		23c. DATE SIGNED <u>JUNE 27 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-28-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wichita Park</u>	
		24d. LOCATION (City, town, or county) (State) <u>Wichita, Kansas</u>			

DATE REC'D BY LOCAL REG. <u>July 9, 1951</u>		REGISTRAR'S SIGNATURE <u>Sarahy Wallace</u> <u>363</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilford H. H. Winter</u> ADDRESS <u>OWENSVILLE</u>	
--	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JUL 17 1951  
RECEIVED

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Michael H. H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.