

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22976**  
Registrar's No. **3152**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Joseph's Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>341 So Brighton</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WORDIC</b>	b. (Middle) <b>MARK</b>	c. (Last) <b>CASSITY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7/22/51</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Sid</b>	8. DATE OF BIRTH <b>4/7/1876</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ways foreman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>G M &amp; O Ry</b>	11. BIRTHPLACE (State or foreign country) <b>Mt. Vernon, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>0</b>
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13a. FATHER'S NAME <b>Lindolf Glover Cassity</b>	13b. MOTHER'S MAIDEN NAME <b>Elisa Henshaw</b>	14. NAME OF HUSBAND OR WIFE <b>Gilford Co., No. Carolina</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Wordis Cassity, 341 So Brighton</b> ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <b>one day</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute cardiac failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>carcinomatosis</b> DUE TO (c) <b>probably from large bowel</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>2 months</b>	

19a. DATE OF OPERATION <b>6-26-51</b>	19b. MAJOR FINDINGS OF OPERATION <b>metastatic carcinoma as found in strangulated hernia</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6-19-1951**, to **7-22-1951**, that I last saw the deceased alive on **7-22-1951**, and that death occurred at **1:25 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Thos. C. Mc Hale M.D.</b>	23b. ADDRESS <b>4620 Judex Ave 1401 Mo</b>	23c. DATE SIGNED <b>7-23-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/24/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Higginsville, Mo</b>
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DATE REC'D BY LOCAL REG. <b>224-51</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John P Sheil K C Mo</b> ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

Rev. M. E. Hales  
after 1 P.M. now.

1951 9 16 1950

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 Richard E. Carroll

Signed.....  
Student Embalmer

Licensed Embalmer No. 4829

P. O. Address A. C. 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.