

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33995

State File No. ....

FILED NOV 6 1951

|   |  |   |  |   |   |  |   |  |
|---|--|---|--|---|---|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>150</u>   |  | PRIMARY REG. DIST. NO. <u>5572</u>  |   | Registrar's No. <u>136</u>   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |   |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural - Prairie</u> )   |  | c. LENGTH OF STAY (In this place) <u>one day</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence,</u>   |   | <u>1485</u>  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>  |  |   |  | d. STREET ADDRESS (If rural, give location) <u>1226 W. 26 th. Terrace</u>   |   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Jeannette</u> c. (Last) <u>Casey</u>   |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 7, 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>August 1, 1866</u>                                     |   |  |
| 9. AGE (In years last birthday) <u>85</u>   |  | IF UNDER 1 YEAR (Months) <u>2</u>   |  | IF UNDER 6 HRS. (Hours) <u>6</u>  |   | IF UNDER 15 MIN. (Min.)  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY                            |   | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>Lathrop</u>   |  |   | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u>                     |   |   | 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) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Paul V. Casey K. C. Missouri</u>   |   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anterior Sclerotic Heart Disease</u><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE <u>natural</u>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |   | <u>4200</u>  |   |  |
| 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?  |   |  |   |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |  |   |  |   |   |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>Dr. Paul V. Casey</u>   |  |   |  | 23b. ADDRESS <u>1034 Cedar St</u>   |   | 23c. DATE SIGNED <u>10-11-51</u>   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>10-10-51</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>   |   | 24d. LOCATION (City, town, or county) (State) <u>Independence Missouri</u> |   |  |
| DATE REC'D BY LOCAL REG. <u>10-12-51</u>  |  | REGISTRAR'S SIGNATURE <u>Ronald C. Emshary</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland R. Speaks</u>  |   | ADDRESS <u>Indep. Mo</u>   |   |  |

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

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OCT 26 REC'D

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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 .....  
Student Embalmer

Signed

*Roland H. Speaks*

..... Licensed Embalmer No. 3604 .....

P. O. Address. Independence, Missouri

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.