

STANDARD CERTIFICATE OF DEATH

36855

State File No. ....

LED DEC 6 1951

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Arkansas</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Buffalo, Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Home,</u>		8030	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Riverside, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Rte 3, 2mi. N. of Mt. Home, Ark.</u>			
3. NAME OF DECEASED (Type or Print) <u>Leslie</u>		a. (First)		b. (Middle) <u>Allen</u>		c. (Last) <u>Kasinger</u>	
4. DATE OF DEATH <u>Nov. 12, 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>July 18, 1926</u>		9. AGE (In years last birthday) <u>25</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>24</u>		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Baxter City, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Leonard Kasinger</u>		13b. MOTHER'S MAIDEN NAME <u>Hanna Schrowder</u>		14. NAME OF HUSBAND OR WIFE <u>(None)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>432-38-9582</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leonard Kasinger Mt. Home, Ark.</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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Head On Car collision</u>  ANTECEDENT CAUSES <u>Decapitated Head.</u> DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>88164 26</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway #25 Riverside, Mo.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cardwell, Mo. Dunklin, Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 12, 1951 3:45</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Walter C. Harrison</u>				23b. ADDRESS <u>Bar Nett mo</u>		23c. DATE SIGNED <u>11-17-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/14/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Home Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mt. Home, Arkansas</u>	
DATE REC'D BY LOCAL REG. <u>10-30-51</u>		REGISTRAR'S SIGNATURE <u>H. C. Harrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Verlign L. Heath</u>		ADDRESS <u>Paragould, Arkansas</u>	

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT ..... 11-28-51 .....

COUNTY FILE NUMBER 1151-332.....

NOV 27 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 \_\_\_\_\_

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

working under my personal supervision.

Signed Verlyn L. Heath

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

Licensed Embalmer No. 543

P. O. Address Paragould, Ark

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.