

FILED APR 7 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8167

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 4219 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weaubleau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weaubleau 0430</u>	
c. LENGTH OF STAY (In this place) <u>34 years</u>		d. STREET ADDRESS (If rural, give location) <u>South part of town</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South part of town</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>E.</u> c. (Last) <u>McCaslin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April-1-1952</u>		
---	--	--	---	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>JAN 25-1873</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Days <u>2</u>	IF UNDER 1 MIN. Hours <u>6</u>
----------------------	-------------------------------	---	-------------------------------------	---	----------------------------------	-----------------------------------

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 <u>Housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>Juniata, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Ezekiel Blair</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Walker</u>	14. NAME OF HUSBAND OR WIFE <u>J.H. McCaslin</u>
---	---	--

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>Ware Cook - Hermitage MO</u>	ADDRESS
--	-------------------------------------	---	---------

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leakage of heart myocardial failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral apoplexy</u> DUE TO (c) <u>Essential Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>334X</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 March 30, 1952 to March 30, 1952, that I last saw the deceased alive on March 30, 1952, and that death occurred at 2:45 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A-R Easton M.D.</u>	23b. ADDRESS <u>Weaubleau Mo</u>	23c. DATE SIGNED <u>April 5, 52</u>
---	----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-3-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hermitage Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hermitage Mo</u>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>4-5-1952</u>	REGISTRAR'S SIGNATURE <u>Mary Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert P. ...</u>	ADDRESS
--	---	---	---------

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

430  
1

---

---

**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

*Charles Gilbert Hathaway*

Licensed Embalmer No. *7267*

P. O. Address *Belknap, Md*

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.