

## STANDARD CERTIFICATE OF DEATH

State File No. **17203**

MAY 16 1952

BIRTH NO. **104** REG. DIST. NO. **206** PRIMARY REG. DIST. NO. **2042** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY <b>MADISON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MADISON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FREDERICKTOWN</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FREDERICKTOWN</b>	
c. LENGTH OF STAY (in this place) <b>85yrs</b>		d. STREET ADDRESS (If rural, give location) <b>216 WEST MAIN ST. 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>216 WEST MAIN ST.</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>MARI</b>	b. (Middle) <b>ANNE</b>	c. (Last) <b>KASSABAUM</b>	(Month) <b>MAY</b>	(Day) <b>6</b>	(Year) <b>1952</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>SEPT. 17, 1866</b>	9. AGE (In years last birthday) <b>85</b>	if under 1 year Months <b>—</b> Days <b>—</b> Hours <b>—</b> Min. <b>—</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (State or foreign country) <b>MADISON COUNTY MO. C</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>CHRISTOPHER BETTEN</b>	13b. MOTHER'S MAIDEN NAME <b>CATHERINE BELKEN</b>	14. NAME OF HUSBAND <b>FRANK KASSABAUM</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>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>CATHERINE KASSABAUM</b> ADDRESS <b>Fredricktown, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Duodenum</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>152X</b> 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) (Min.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **January, 1952**, to **May 6, 1952**, that I last saw the deceased alive on **May 5, 1952**, and that death occurred at **4:52 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M. O. Slaughts, M.D.</b>	23b. ADDRESS <b>Fredricktown, Mo.</b>	23c. DATE SIGNED <b>5-7-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>5-8-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>MADISON County, Mo.</b>
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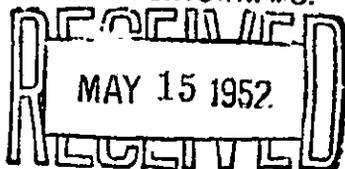
DATE REC'D BY LOCAL REG. <b>5-8-1952</b>	REGISTRAR'S SIGNATURE <b>Therence Hicks</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sam Sabin, Jr.</b> ADDRESS <b>Fredricktown Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, N. O.



FILE No. 552-25

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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 \_\_\_\_\_

working under my personal supervision.

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

Signed \_\_\_\_\_

*William B. O'Connor*

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

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.