U.S. No. 300
Rev. 10.48

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

JUN 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21350

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Oregon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thayer, rural Thayer
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Th ayer, rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Oregon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thayer, Mo. 0750
d. STREET ADDRESS (If rural, give location): Thayer, rural

3. NAME OF DECEASED (Type or Print)
a. (First): FANNIE
b. (Middle): BELLE
c. (Last): CASKEY

4. DATE OF DEATH (Month) (Day) (Year): May 24, 1952

5. SEX: female 1

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: Jan. 1, 1873

9. AGE (In years last birthday): 69
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Liberty, Tenn. 1

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Jordan Goggin

13b. MOTHER'S MAIDEN NAME: unknown

14. NAME OF HUSBAND OR WIFE: William H. Caskey

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.:

17. INFORMANT'S SIGNATURE OR NAME: Robert J. Caskey
ADDRESS: Thayer, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomas of Liver — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

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: 1561

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1952, *to* May 24, 1952, *that I last saw the deceased alive on* May 24, 1952, *and that death occurred at* 7 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) M.D.

23b. ADDRESS: Thayer Mo

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 5/26/52

24c. NAME OF CEMETERY OR CREMATORY: New Salem

24d. LOCATION (City, town, or county) (State): Myrtle Oregon Mo.

DATE REC'D BY LOCAL REG.: June 14, 1952

REGISTRAR'S SIGNATURE: Arthur Wolff

25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Thayer Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.