

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

24134

State File No. ....

FILED JUL 29 1952

BIRTH NO. ....		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>4188</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY .....			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>		c. LENGTH OF STAY (in this place) <u>3 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2009	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>401 First St.</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Thomas</u>		b. (Middle) <u>Sherman</u>		c. (Last) <u>Casey</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>		8. DATE OF BIRTH <u>Jan. 11, 1883</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Cooper Hill, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Casey</u>		13b. MOTHER'S MAIDEN NAME <u>Michel Phelps</u>		14. NAME OF HUSBAND OR WIFE <u>Ina Prater Casey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>702-12-5886</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Archie H. Casey Mt. Sterling, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocardial Insufficiency</u> DUE TO (c) .....				INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>  <u>3 mos</u>  <u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Asthma, bronchial</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) (Min.)	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 <u>2-11, 1952</u> , to <u>5-20, 1952</u> , that I last saw the deceased alive on <u>5-18, 1952</u> , and that death occurred at <u>7 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paula Brown, M.D.</u>				23b. ADDRESS <u>Owensville, Mo.</u>		23c. DATE SIGNED <u>5-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-23-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>College Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Osage County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/25/52</u>		REGISTRAR'S SIGNATURE <u>Sarah J. Hall</u>		363		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Michael H. H. Wink OWENSVILLE</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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AUG 19 1952

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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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Malcolm H. H. Winter

Licensed Embalmer No. 383F

P. O. Address OWENSVILLE, MO

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.