

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28388**
Registrar's No. **358**

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 2026		REGISTRAR'S NO. 358	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) Independence		a. STATE Missouri		b. COUNTY Jackson	
c. LENGTH OF STAY (in this place) 66 WTS.		c. CITY (If outside corporate limits, write RURAL and give township) Independence		d. STREET ADDRESS (If rural, give location) 1007 N. Osage			
d. FULL NAME OF HOSPITAL OR INSTITUTION Sanitarium							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) Nora	b. (Middle) Alice	c. (Last) Casper	Aug. 28, 1952				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) married	8. DATE OF BIRTH May 25, 1886	9. AGE (In years last birthday) 66	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 Self employed		11. BIRTHPLACE (City and State or Foreign Country) Independence, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Emery B. Day		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Wm. M. Casper, Sr.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give var or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. M. Casper, Sr. Independence, 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, asthma, 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) Coronary Occlusion with	ANTECEDENT CAUSES					2 weeks	
DUE TO (b) Heart Block	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
DUE TO (c) _____	II. OTHER SIGNIFICANT CONDITIONS Diabetes mellitus					year	
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION 8/27/52		19b. MAJOR FINDINGS OF OPERATION ↓				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 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 4/5, 1952 to 8/28, 1952 , that I last saw the deceased alive on 8/27, 1952 , and that death occurred at 3:55 Am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. A. Johnson				23b. ADDRESS Wm. M. Casper, Sr. Independence, Mo.		23c. DATE SIGNED 8/28/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/30/52	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24d. LOCATION (City, town, or county) (State) Independence, Mo.		
DATE REC'D BY LOCAL REG. 8-30-52		REGISTRAR'S SIGNATURE James [Signature]		FUNERAL DIRECTOR'S SIGNATURE Geo. G. Carson		ADDRESS Independence, Mo.	

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

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 E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, 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.