

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34808

State File No.

FILED NOV 10 1952

BIRTH NO. _____		REG. DIST. NO. <u>139</u>		PRIMARY REG. DIST. NO. <u>5534</u>		Registrar's No. <u>76</u>	
1. PLACE OF DEATH a. COUNTY <u>Holt</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Forest City</u> <u>Forest</u>		c. LENGTH OF STAY (In this place) Township <u>Forest</u> <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Forest City</u> <u>Forest Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gary</u> b. (Middle) <u>Lee</u> c. (Last) <u>Cass</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct.</u> <u>31</u> <u>1952</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Jan. 8, 1938</u>	
9. AGE (In years last birthday) <u>14</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Forest City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Nelson Dwight Cass</u>		13b. MOTHER'S MAIDEN NAME <u>Irene Catherine Grimes</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nelson D. Cass</u> ADDRESS <u>Forest City, 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>MULTIPLE SHOT IN THORACIC CAVITY, WITH INTERNAL HEMORRHAGE.</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 MINUTES</u> 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. <u>E981X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Alley-way</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Forest City, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 31 52 6:30am</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>SHOT-GUN-BLAST</u>			
22. I hereby certify that I attended the deceased from <u>N^o.</u> , 19 <u>52</u> , to <u>N^o.</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>N^o.</u> , 19 <u>52</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. H. J. ...</u>				23b. ADDRESS <u>Coroner's Office, Oregon, Mo.</u>		23c. DATE SIGNED <u>11-4-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 3, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest City, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Forest City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-4-1952</u>		REGISTRAR'S SIGNATURE <u>James H. Crawford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pettigrew</u>		ADDRESS <u>Oregon Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0440

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 James V. Pittzjohn

Licensed Embalmer No. 3192

P. O. Address Oregon

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.