

NOV 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39370

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 512

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) Marceline		c. LENGTH OF STAY (In this place) 5 1/2 yrs	
c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN Marceline		d. STREET ADDRESS (If rural, give location) W. Curtis	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			
3. NAME OF DECEASED a. (First) Samuel b. (Middle) W. c. (Last) Caswell			4. DATE OF DEATH (Month) (Day) (Year) Nov. 5. 1952
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Jan. 8, 1902
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months 9 Days 26	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (City and State or Foreign Country) Meadville, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Charles V. Caswell		13b. MOTHER'S MAIDEN NAME Mary E. Midygett	14. NAME OF HUSBAND OR WIFE one
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give year or dates of service) None		16. SOCIAL SECURITY NO. 493-12-5219	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Basco Caswell, Marceline, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ESSENTIAL HYPERTENSION DUE TO (c) ARTERIOSCLEROSIS 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 331X	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)	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 SEPT , 19 52 , to NOV. 4 , 19 52 , that I last saw the deceased alive on NOV 4 , 19 52 , and that death occurred at 8:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Paul T. Berry (Degree or title)		23b. ADDRESS Marceline Mo.	23c. DATE SIGNED 11-6-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/8/52	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24d. LOCATION (City, town, or county) (State) Marceline, Mo.
DATE REC'D BY LOCAL REG. 11/6/1952	REGISTRAR'S SIGNATURE James M. Laughlin	25. FUNERAL DIRECTOR'S SIGNATURE James M. Laughlin	ADDRESS Marceline

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

581
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0581
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720

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 _____ X

Student Embalmer No. _____ X

working under my personal supervision.

Student _____ X
Student Embalmer

Signed George W. Davolt

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.