

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

919

FILED FEB 9 1953

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 34

0362

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Boles</u> <u>1360</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Labadie R. F. D.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dominic</u> b. (Middle) <u>J.</u> c. (Last) <u>Casey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 30 1892</u>	9. AGE (In years) (last birthday) <u>60</u>	# UNDER 1 YEAR Months <u>9</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Patrich J. Casey</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Laretto</u>		14. NAME OF HUSBAND OR WIFE <u>Frieda Casey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. # 1</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frieda Casey Labadie R.F.D. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure.</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary infarction</u> <u>BRONCHIAL asthma</u> DUE TO (c) <u>CHRONIC glomerulonephritis</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> <u>10 yrs.</u> <u>2</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>241X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (M.)		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 <u>May 1946</u> , 19 <u>46</u> to <u>Jan 29 1953</u> , that I last saw the deceased alive on <u>Jan 29, 1953</u> , and that death occurred at <u>5:15 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>D. W. ...</u>			23b. ADDRESS <u>Pacific Mo.</u>		23c. DATE SIGNED <u>1/31/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 1, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Villa Ridge, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>Feb Jan 31 1953</u>		REGISTRAR'S SIGNATURE <u>R. Hudnall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Highway 9, Wash., Mo.</u>	

MAR 2 1953

MAR 17 1953

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.....

Lester A. Pitt

Licensed Embalmer No. *3254*

P. O. Address *Washington, 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.