

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2186

FILED JAN 21 1953
BIRTH NO. 124 REG. DIST. NO. 286 PRIMARY REG. DIST. NO. 2042 Registrar's No. 2

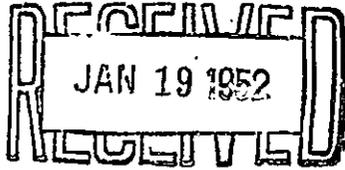
1. PLACE OF DEATH a. COUNTY Madison			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE. Mo. b. COUNTY Madison		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fredericktown		c. LENGTH OF STAY (In this place) 61 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fredericktown 1621		
d. FULL NAME OF HOSPITAL OR INSTITUTION 216 W. Main			d. STREET ADDRESS (If rural, give location) 216 W. Main 0		
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) Christoph		c. (Last) Kassabaum	
4. DATE OF DEATH (Month) (Day) (Year) Jan 9, 1953					
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0	8. DATE OF BIRTH Oct 19, 1891.		9. AGE (In years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper	10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Mine La Motte, Mo. ✓		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frank E. Kassabaum		13b. MOTHER'S MAIDEN NAME Marianne Betten		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No --	16. SOCIAL SECURITY NO. 493-05-9486	17. INFORMANT'S SIGNATURE OR NAME Everard Kassabaum Fredericktown 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Lung and Lung metastases and ntd.</i> ANTECEDENT CAUSES <i>Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Carcinoma of Left Lung This lung removed Oct. 1957. Right lung showed definite growth 2 or 3 months before death.</i> DUE TO (c) <i>lung showed definite growth 2 or 3 months before death.</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>163x</i>				INTERVAL BETWEEN ONSET AND DEATH <i>3 1/2 months</i> <i>5 months</i> <i>2 or 3 months</i>
19a. DATE OF OPERATION Oct 1957	19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma Left Lung, entire lung removed</i>				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) 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 <i>July</i> , 1921, to <i>Jan 9</i> , 1953, that I last saw the deceased alive on <i>Jan 9</i> , 1953, and that death occurred at <i>8:10A m.</i> from the causes and on the date stated above.					
23a. SIGNATURE <i>S. C. Laughter, M.D.</i>		23b. ADDRESS <i>135 W. Main Fredericktown</i>		23c. DATE SIGNED <i>Jan 11 53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-12-53	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Madison County, Mo.	
DATE REC'D BY LOCAL REG. 1-12-1953	REGISTRAR'S SIGNATURE <i>Therence Hickel</i>		25. FUNERAL DIRECTOR'S SIGNATURE Sam Najim Jr. Fredericktown, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

MADISON, MISSOURI, SEP.

FREDERICK TOWNE, D.D.



FILE NO. 153-2

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 William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.