

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41961**

FILED DEC 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>415</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kirkville Mo</u>		c. LENGTH OF STAY (in this place) <u>7 days</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Queen City</u>		<u>0980</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saughlin Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>2 miles West of Queen City</u>				
3. NAME OF DECEASED a. (First) <u>Minnie</u> (Type or Print)		b. (Middle) <u>E.</u>		c. (Last) <u>Cassady</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 14 53</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov 10 1874</u>		
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Queen City, Mo</u>		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>William M. Cornish</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Gardner</u>			14. NAME OF HUSBAND OR WIFE <u>Levi Cassady</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 AND ADDRESS <u>Vergie Collins, Lancaster 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>massive pulmonary embolism</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</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) <u>631 X</u>						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>uterine procidentia - cystocele - rectocele</u>					<u>22 yrs.</u>	
19a. DATE OF OPERATION <u>12-8-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>uterine procidentia - cystocele - rectocele</u>					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 <u>12-7</u> , 19 <u>53</u> , to <u>12-11-53</u> , that I last saw the deceased alive on <u>12-11-53</u> , 19 <u>53</u> , and that death occurred at <u>10:15</u> h., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Paul Hays</u> D.O.				23b. ADDRESS <u>Kirkville, Mo.</u>		23c. DATE SIGNED <u>12-18-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fair Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Queen City Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-18-53</u>		REGISTRAR'S SIGNATURE <u>Wate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Paul Cobley, Queen City, Mo</u>				

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

Jack H. Kelly

Licensed Embalmer No. *4619*

P. O. Address *Quincy, Ill.*

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.