

No. 300
10548

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42317

State File No.

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 64

201

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

| | | | |
|---|-----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cedar</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs</u> | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs 0201</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Jackson St.</u> | | d. STREET ADDRESS (If rural, give location) <u>South Jackson St.</u> | |

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|--|------------|-------------|-----------|--|
| 3. NAME OF DECEASED (Type or Print) <u>Lebanna T. Cassidy</u> | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 13, 1953</u> |
|--|------------|-------------|-----------|--|

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|--------------------|-------------------------------|---|--|---|---------------------------|-------------------------|--------------------------|-------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>Sept. 21, 1894</u> | 9. AGE (In years last birthday) <u>59</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HRS. Hours | IF UNDER 1 HRS. Min. |
|--------------------|-------------------------------|---|--|---|---------------------------|-------------------------|--------------------------|-------------------------|

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|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Benton County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Franklin Cassidy</u> | 13b. MOTHER'S MAIDEN NAME <u>P. Rogers Richwine</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes U.W. #1</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Frank Cassidy - El Dorado Spgs., Mo.</u> | ADDRESS _____ |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</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) _____ | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

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|---|--|---|
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 m., from the causes and on the date stated above.

| | | |
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| 23a. SIGNATURE (Degree or title) <u>M.D. Lamm, Coroner</u> | 23b. ADDRESS <u>El Dorado Springs, Mo.</u> | 23c. DATE SIGNED <u>12-19-53</u> |
|--|--|----------------------------------|

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|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-19-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>El Dorado Springs</u> | 24d. LOCATION (City, town, or county) (State) <u>El Dorado Spgs., Mo.</u> |
|---|---------------------------|---|---|

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|---|---|---|-------------------------------------|
| DATE REC'D BY LOCAL REG. <u>Dec. 19, 1953</u> | REGISTRAR'S SIGNATURE <u>Henry H. [Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Carroll [Signature]</u> | ADDRESS <u>El Dorado Spgs., Mo.</u> |
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418-0

(Licensed Embalmer's Statement on Reverse Side)

JUN 16

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 Max W. Rebering

Licensed Embalmer No. 4698

P. O. Address 2 Durak Springs

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.