

STANDARD CERTIFICATE OF DEATH

FILED JAN 7 1954

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4426 Registrar's No. 167

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

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Morrisville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Morrisville</u>	
c. LENGTH OF STAY (In this place) <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>S.W. Part of Morrisville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.W. Part of Morrisville</u>			

3. NAME OF DECEASED (Type or Print) <u>William</u> (First)	<u>Marvin</u> (Middle)	<u>Case</u> (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25 1953</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 1 1884</u>
9. AGE (In years last birthday) <u>69</u>	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Jefferson Davis Case</u>	13b. MOTHER'S MAIDEN NAME <u>Tennessee Slagle</u>	14. NAME OF HUSBAND OR WIFE <u>Midddie Edith Case</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Middie E. Case</u> ADDRESS <u>Morrisville</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>Bot. Atherosclerosis 10 yrs</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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		

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) <u>4500</u>
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 1930, to 1953, that I last saw the deceased alive on Dec 21, 1953, and that death occurred at 3:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. Bridges M.D. Bolivar Mo</u> (Degree or title)	23b. ADDRESS	23c. DATE SIGNED <u>12/28/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 28 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Slagle Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>South of Bolivar Mo</u>
DATE REC'D BY LOCAL REG. <u>12-29/53</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Erwid + Blue</u> ADDRESS <u>Bolivar Mo</u>	

11-11-37

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.....

Chas J. Ester

Licensed Embalmer No.

4154

P. O. Address

Bolivar, Md

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.