

FILED JAN 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1169

State File No.

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Iron</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Arcadia</u>		c. LENGTH OF STAY (in this place) <u>5 mos - 27 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Arcadia 0470</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Home for aged Baptists</u>			d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi East on Highway 70</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lutisha</u> b. (Middle) _____ c. (Last) <u>Cassill</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 27, 1864</u>	9. AGE (in years last birthday) <u>89</u>	10. IF UNDER 1 YEAR Months <u>6</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>her home</u>	11. BIRTHPLACE (State or foreign country) <u>Monroe City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>George Bird</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Ann Hagar</u>		13c. NAME OF HUSBAND OR WIFE <u>Lewis Cassill</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. H. Burney Drayton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>
			ANTECEDENT CAUSES 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 <u>4201</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>Jan 4, 1954</u> , to <u>Jan 5, 1954</u> , that I last saw the deceased alive on <u>Jan 4, 1954</u> , and that death occurred at <u>9:15 P. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>E. M. G. Fitzpatrick M.D.</u>			23b. ADDRESS <u>Leeterville, Mo</u>		23c. DATE SIGNED <u>1/9/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-9-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Frankfort Park</u>	24d. LOCATION (City, town, or county) (State) <u>Frankfort Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1-12-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>	
				ADDRESS <u>Frankfort, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....
Student Embalmer

Signed *Israel J. White*.....

Licensed Embalmer No. *3012*

P. O. Address *Orton, Va*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.