

FILED MAY 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12986

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>PUTNAM Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>PUTNAM</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>UNIONVILLE</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <u>Mother Putnam City</u>				e. STREET ADDRESS (If rural, give location) <u>LIVONIA MO. 0860</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>VERNON</u>		b. (Middle)		c. (Last) <u>CASADY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 1 30 1954</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>WIDOWED</u>		8. DATE OF BIRTH <u>NOV. 6 - 1886</u>	
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>22</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Putnam Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>	
13a. FATHER'S NAME <u>CHARLEY CASADY</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Terrell</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Terrell Casady</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clifford Casady Unionville 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DIABETES MELLITUS</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>200X</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) (Min.)		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>2 P.M.</u> , 1953, to <u>APRIL 30 1954</u> , that I last saw the deceased alive on <u>APRIL 30, 1954</u> , and that death occurred at <u>3:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. W. S. Galloway</u>				23b. ADDRESS <u>Unionville, MO</u>		23c. DATE SIGNED <u>3/8/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>May 2 - 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Long Pine Cem Putnam Co Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Putnam Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-8-54</u>		REGISTRAR'S SIGNATURE <u>Marcell Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. D. Bushel</u>		ADDRESS <u>Unionville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48860
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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.....
Signature of Student Embalmer

Signed..... *J. O. Husted*

Licensed Embalmer No. *29*
P. O. Address *Lawsonville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.