

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 19 1954

State File No. **15044**
Registrar's No. **303**

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 303	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased/lived. If institution: residence before admission) a. STATE Missouri COUNTY Dunklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Campbell		d. STREET ADDRESS (If rural, give location) City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital				d. STREET ADDRESS (If rural, give location) City			
3. NAME OF DECEASED (Type or Print) a. (First) HICKS			b. (Middle) _____			c. (Last) CASSELBERRY	
4. DATE OF DEATH (Month) (Day) (Year) May 7 1954		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 28, 1889		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR: Months 4 Days 9		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Thomas Casselberry			13b. MOTHER'S MAIDEN NAME Fannie Graham			14. NAME OF HUSBAND OR WIFE Beulah Casselberry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Beulah Casselberry, Campbell, Mo ADDRESS _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Arteriosclerotic heart disease					
		DUE TO (c) General arterio sclerosis					
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 _____				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) 4200			
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 5-7 , 19 54 , to 5-7 , 19 54 , that I last saw the deceased alive on 5-7 , 19 54 , and that death occurred at 1:30 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE Hardin O. Hewickson (Degree or title) _____				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 5/10/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 9 1954		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Campbell, Missouri	
DATE REC'D BY LOCAL REG. 5/10/54		REGISTRAR'S SIGNATURE J. A. Mitchell 489		25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home, Campbell, MO ADDRESS _____			

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

RECEIVED
MAY 17 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

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 *Christina M. Landess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, Mo.*

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.

21