

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20107**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6072 Registrar's No. 180

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>St Francois</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b><br>b. COUNTY<br><b>St Francois</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN<br><b>Doe Run</b> |  | c. CITY OR TOWN<br><b>Doe Run</b>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  | e. STREET ADDRESS (If rural, give location)<br><b>0940</b>   |  |

|  |            |                               |                               |   |
|--|------------|-------------------------------|-------------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br><b>Herman</b> | a. (First) | b. (Middle)<br><b>Antoine</b> | c. (Last)<br><b>Kassabaum</b> | 4. DATE OF DEATH<br><b>June 22 1954</b> |
|--|------------|-------------------------------|-------------------------------|---|

|                       |                                     |  |  |  |   |  |
|-----------------------|-------------------------------------|--|--|--|---|--|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White US</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>March 8, 1896</b> | 9. AGE (In years last birthday)<br><b>58</b> | IF UNDER 1 YEAR<br>Months <b>3</b> Days <b>14</b> | IF UNDER 24 HRS.<br>Hours <b>14</b> Min. |
|-----------------------|-------------------------------------|--|--|--|---|--|

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|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Lead Miner</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>St Joseph Lead Co.</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Mine La Motte, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
|--|--|--|--|

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|---|--|---|
| 13a. FATHER'S NAME<br><b>Henry A. Kassabaum</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Minnie Smith</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Birdie I. Kassabaum</b> |
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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)<br><b>yes WW 1</b> | 16. SOCIAL SECURITY NO.<br><b>493-03-8666</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs. Birdie I. Kassabaum, Doe Run, Mo</b> | ADDRESS |
|---|---|---|---------|

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| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, 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) <b>Coronary Occlusions</b>  |  | <b>5 min</b>                     |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertensive Cardiovascular Disease</b><br>DUE TO (c) |  | <b>6 yrs +</b>                   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |                                  |

|                        |  |   |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>4/201</b> | 20. AUTOPSY?<br>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) | 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 **Oct**, 1953 to **June**, 1954, that I last saw the deceased alive on **April 6**, 1954, and that death occurred at **8:00 P.m.**, from the causes and on the date stated above.

|   |                   |                                       |                                    |
|---|-------------------|---------------------------------------|------------------------------------|
| 23a. SIGNATURE<br><b>E. Cantelero, M.D.</b><br><b>Mr. H. Walker, M.D.</b> | (Degree or title) | 23b. ADDRESS<br><b>Farmington, Mo</b> | 23c. DATE SIGNED<br><b>6-25-54</b> |
|---|-------------------|---------------------------------------|------------------------------------|

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>JUNE 26, 1954</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>K-P Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Farmington, Missouri</b> |
|--|-----------------------------------|---|--|

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG<br><b>JUNE 25, 1954</b> | REGISTRAR'S SIGNATURE<br><b>Eather Rudloff</b> | 25. FUNERAL DIRECTOR'S SIGNATURE, MO ADDRESS<br><b>FARMINGTON, MO</b><br><b>MILLER FUNERAL HOME</b> |
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**MILLER FUNERAL HOME**  
E. L. MILLER

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

440

AUG 2 1954

JUL 1

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 *Paul Dugal*

Licensed Embalmer No. *4120*

P. O. Address *Farmington*

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.