

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21710

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6081 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL UNION</u>		c. LENGTH OF STAY (In this place) OR TOWN <u>2 MO.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>WEINERTEN RR#1</u>		d. STREET ADDRESS (If rural, give location) <u>1524 So BROADWAY</u>	
3. NAME OF DECEASED a. (First) <u>JOE</u>		b. (Middle) <u>GEORGE</u>	
c. (Last) <u>CASBY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 7 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>JUNE 22 1907</u>
9. AGE (In years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRESS OPERATOR</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ESTHER MO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRESS OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MACHINE SHOP</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>WILLIAM K CASBY</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISA THURMAN</u>	14. NAME OF HUSBAND OR WIFE <u>MARGARET BRIMM</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>498-01-3066</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emmett Casby 1824 So 7th St. Ste Genevieve 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>Death by his own hand -</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Resulting from a gunshot from a</u> DUE TO (c) <u>Winchester Model 69A .22 L.P. in</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>the left side of Leo Temple</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E976X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>James H. Barber</u> (Degree or title) <u>CORNER</u>		23b. ADDRESS <u>Ste Genevieve Mo</u>	23c. DATE SIGNED <u>7-8-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>JULY 9 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY STE. GENEVIEVE MO</u>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>July 9 1954</u>	REGISTRAR'S SIGNATURE <u>Kevin Barber</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. C. Barber Ste. Genevieve Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

JUL

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 *Adrian J. Otker*

Licensed Embalmer No. *4740*

P. O. Address *St. James*

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.