

FILED AUG 2 - 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 23817

BIRTH NO. _____		REG. DIST. NO. <u>243</u>		PRIMARY REG. DIST. NO. <u>5831</u>		Registrar's No. <u>125</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural</u> ( <del>Newton</del> )			c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural</u> ( <del>Newton</del> ) ( <u>Franklin</u> )			d. STREET ADDRESS (If rural, give location) <u>6730</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Franklin Imp.</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ALVINIA</u>		b. (Middle)		c. (Last) <u>KASSANER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 13, 1954</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>1-31-1886</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>13</u>		IF UNDER 24 HRS. Hours _____ Mins. _____	
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>home</u>		11. BIRTHPLACE (State or foreign country) <u>Europe</u>		12. CITIZEN OF WHAT COUNTRY? <u>4</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Gustave Kassaner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alvin Kassaner-Fairview, Missouri</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>Atherosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</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)		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>7-13</u> , 195 <u>4</u> , to <u>7-17</u> , 195 <u>4</u> , that I last saw the deceased alive on <u>7-13</u> , 195 <u>4</u> , and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>F. F. White</u>				23b. ADDRESS <u>Newton, Mo.</u>		23c. DATE SIGNED <u>7-16-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-16-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dice Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fairview, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>7-22-1954</u>		REGISTRAR'S SIGNATURE <u>Alpha Dyer</u>		369-1		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G. E. Culver - Cassville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**

NEWTON COUNTY HEALTH UNIT

District Health Officer No. \_\_\_\_\_

District File Number 754-150

Date Filed JUL 30 1954

JUL 19 1962

NEOSHO, MISSOURI

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville, 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.