

No. 300
10.48

880

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 29 1954

State File No. 34969

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 0050 Registrar's No. 236

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY RANDOLPH	
b. CITY OR TOWN (OLD ALLEN) CR		c. CITY OR TOWN (OLD ALLEN)	
c. LENGTH OF STAY (In this place) 11 YEARS		Residence within this city or incorporated town: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 127 SPARKS AVE.		STREET ADDRESS 127 SPARKS AVE	

3. NAME OF DECEASED (Type or Print) ELICK ANDRESON CASH			4. DATE OF DEATH OCT 20 1954		
a. (First)	b. (Middle)	c. (Last)	Date (Month)	Date (Day)	Date (Year)

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH FEB. 5, 1910	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) NEW CAMBRIA, Mo.		12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME JIM CASH	13b. MOTHER'S MAIDEN NAME LULA CRAIG	14. NAME OF HUSBAND OR WIFE NONE
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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) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. 495-10-9120	17. INFORMANT'S SIGNATURE OR NAME Ethel Craig Moberly Mo	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Standstill		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis		
	DUE TO (c)		
	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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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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 **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert Casson, M.D.	23b. ADDRESS 109 N. 5th St. Moberly, Mo.	23c. DATE SIGNED 10/22/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10/23/54	24c. NAME OF CEMETERY OR CREMATORY Cash Cemetery	24d. LOCATION (City, town, or county) (State) New Cambria Mo.
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DATE REC'D BY LOCAL REG. 10/23/54	REGISTRAR'S SIGNATURE Earl Wheeler	25. FUNERAL DIRECTOR'S SIGNATURE Snow Funeral Home	ADDRESS Moberly Mo
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OCT 19 1961

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 *Larry R Carter*
Licensed Embalmer No. *490*

P. O. Address *Mobile*

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.