

MO. 300
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FILED FEB 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3864

State File No.

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 4

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

1. PLACE OF DEATH a. COUNTY <u>BARTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>BARTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LIBERAL</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>	c. CITY OR TOWN <u>LIBERAL</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>0060</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BASCOM</u>	b. (Middle) <u>(N)</u>	c. (Last) <u>CASSATT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 27 55</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 26-1893</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BROOM-MAKER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>LIBERAL</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>DAVID Cassatt</u>	13b. MOTHER'S MAIDEN NAME <u>SUSAN Houseworth</u>	14. NAME OF HUSBAND OR WIFE <u>MAE BELL-METCALF</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mae Bell Cassatt Liberal</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bright's Disease</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	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 <u>No</u>	19b. MAJOR FINDINGS OF OPERATION <u>No</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Liberal MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>No</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>No</u>
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22. I hereby certify that I attended the deceased from 1/1, 1955, to 1/27, 1955, that I last saw the deceased alive on 1/25, 1955, and that death occurred at 6a m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. H. Eddleman M.D.</u>	(Degree or title)	23b. ADDRESS <u>Liberal Mo.</u>	23c. DATE SIGNED <u>1/30/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 30-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barton City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Barton Co. Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 18, 1955</u>	REGISTRAR'S SIGNATURE <u>Karlotte McDowell</u>	420	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Gerald Benzy</u>	ADDRESS <u>Sheldon MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *L. Gerald Beery*

Licensed Embalmer No. *4203*

P. O. Address *Sheldon*

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.