

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **15390**
Registrar's No. **1862**

FILED MAY 19 1955

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1022		Registrar's No. 1862					
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Jackson							
b. CITY (If outside corporate limits, write RURAL and give town(ship)) KANSAS CITY		c. LENGTH OF STAY (In this place) 47 yrs		c. CITY OR TOWN KANSAS CITY		Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				STREET ADDRESS (If rural, give location) 2327 VAN BRUNT							
3. NAME OF DECEASED (Type or Print) MILTON J. CASSITY			a. (First)		b. (Middle)		c. (Last)				
4. DATE OF DEATH April 26, 1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 5, 1907			
9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 HRS. Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer - STOCKMAN				10b. KIND OF BUSINESS OR INDUSTRY Automobiles		11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Charles B. Cassity			13b. MOTHER'S MAIDEN NAME Lena Burns			14. NAME OF HUSBAND OR WIFE Bertha Cassity					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES		16. SOCIAL SECURITY NO. 495-10-8093		17. INFORMANT'S SIGNATURE AND NAME BERTHA CASSITY - 2327 VAN BRUNT - K.C. Mo.				ADDRESS			
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) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary metastasis DUE TO (c) Carcinoma of rectum II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 154X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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) VA		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 Feb. 28 , 19 55 , to April 26 , 19 55 and that death occurred at 9:45 Am. , from the causes and on the date stated above.											
23a. SIGNATURE (Print name or title) FRANK Q. WINGFIELD, M.D.				23b. ADDRESS VA Hospital, Kansas City, Mo.		23c. DATE SIGNED 4/26/55					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/29/55		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo.					
DATE REC'D BY LOCAL REG. Apr-27-55		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Melody M. Kelley - 644 - S. C. Mo.							

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Irwin Miller*....., Student Embalmer No. *500* working under my personal supervision..

Student.....*Irwin Miller*.....
Signature of Student Embalmer

Signed.....*Arthur Eugene Mac*.....

Licensed Embalmer No. *49*

P. O. Address.....*K.C. 71*

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.