

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17389**

FILED MAY 17 1955

BIRTH NO. _____ REG. DIST. NO. **344** PRIMARY REG. DIST. NO. **30721** Registrar's No. **95**

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

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo.		c. LENGTH OF STAY (in this place) 5 Days	c. CITY OR TOWN Marshall
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 369 W. Washington		0910	

3. NAME OF DECEASED (Type or Print)	a. (First) Everett	b. (Middle) Franklin	c. (Last) Cassell	4. DATE OF DEATH (Month) (Day) (Year) May 12 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 16-1905	9. AGE (in years last birthday) 49	IF UNDER 1 YEAR Months 6	IF UNDER 2 HRS. Days 22	IF UNDER 45 MIN. Hours 5
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) International Shoe Co. Cutting Dep't.	10b. KIND OF BUSINESS OR INDUSTRY Blackwater, Mo.	11. BIRTHPLACE (City and State or Foreign Country) U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Elmer Cassell	13b. MOTHER'S MAIDEN NAME Myrtle Perkins	14. NAME OF HUSBAND OR WIFE Gertrude P. Cassell
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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) No	16. SOCIAL SECURITY NO. 487-09-6858	17. INFORMANT'S SIGNATURE OR NAME Mrs. Gertrude Cassell-Marshall, Mo.	ADDRESS Marshall, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest (ventricular fibrillation)		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) Myocardial infarction 5 days		5 days
	DUE TO (c) Coronary occlusion (arteriosclerosis)		
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	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)	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 **7 May 1955**, to **12 May 1955** that I last saw the deceased alive on **12 May 1955**, and that death occurred at **12:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE R. F. Aiken	(Deceased or Attendant) M.D.	23b. ADDRESS Marshall Mo	23c. DATE SIGNED 5-13-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2 PM 5/16/55	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
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DATE REC'D BY LOCAL REG. 5-14-55	REGISTRAR'S SIGNATURE Cecil J. Reed	385-0 Deputy	25. FUNERAL DIRECTOR'S SIGNATURE J. Leslie Pursey	ADDRESS Marshall, Mo.
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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..... *J. Lealia Serrano*
Licensed Embalmer No. 24

P. O. Address *74 Parake*

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.