

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**25046**

State File No. ....

**FILED AUG 8 - 1955**

No. 300  
10.48

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>4313</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>SULLIVAN</b>		a. STATE <b>MISSOURI</b>		b. COUNTY <b>SULLIVAN</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>MILAN</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>MILAN</b>		<u>1050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sullivan Co. Mem. Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <b>RALPH</b>	b. (Middle) <b>WILLIAM</b>	c. (Last) <b>CASSITY</b>	Month <b>7</b>	Day <b>29</b>	Year <b>1955</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>MAR 26 1908</b>	9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 1 HRS. Days <b>0</b>	IF UNDER 4 HRS. Hours <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>ALFRED CASSITY</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA BRAY</b>		14. NAME OF HUSBAND OR WIFE <b>A</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>486-12-6993</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ANNA CASSITY MILAN, MO</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Fulminating Appendicitis</i> <i>Peritonitis</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <b>5 Days</b>  <b>2 yrs.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Diabetic Mellitus</i>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7302</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>Milan Sullivan Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>7/24/55</u> , 19 <u>55</u> , to <u>7/29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7/29</u> , 19 <u>55</u> , and that death occurred at <u>3:27</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Joseph S. Majors M.D.</i>				23b. ADDRESS <i>Milan Mo</i>		23c. DATE SIGNED <u>7/29/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 31</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u>		24d. LOCATION (City, town, or county) (State) <u>MILAN MO</u>		
DATE REC'D BY LOCAL REG. <u>Aug 1-1955</u>	REGISTRAR'S SIGNATURE <i>Mrs. H. B. Harris</i>		320-1	25. FUNERAL DIRECTOR'S SIGNATURE <i>Roger L. ...</i>		ADDRESS <i>Milan</i>	

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

A. A. - P. O. - 1911

**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 .....  
Student Embalmer

Signed

*Dwight C. Piggier*

Licensed Embalmer No.

*3792*

P. O. Address

*Melan. 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.