

FILED AUG 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27067

BIRTH NO. _____		REG. DIST. NO. 234		PRIMARY REG. DIST. NO. 5816		Registrar's No. 12		
1. PLACE OF DEATH a. COUNTY Morgan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florence, Richland Twp.		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florence, Richland Twp.		d. STREET ADDRESS (If rural, give location) Home 14 miles S. Stover, Mo.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Florence, Mo.				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) WALTER c. (Last) CASDORPH			4. DATE OF DEATH (Month) (Day) (Year) August 14 1955					
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 14 1878		9. AGE (In years last birthday) 77	# UNDER 1 YEAR Months 7	# UNDER 6 HRS. Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EARNER		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) Florence Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME George Casdorff		13b. MOTHER'S MAIDEN NAME Mary Jane Baughman		14. NAME OF HUSBAND OR WIFE Annie Elba Casdorff				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Annie Casdorff Florence, Mo.				
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) Cerebral Hemorrhage. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic C-V Disease. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4221		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)				
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 Nov 1947, to August 1955, that I last saw the deceased alive on 12 Aug. 1955, and that death occurred at 2:30 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) J. V. Siegel MD				23b. ADDRESS Smithton Mo		23c. DATE SIGNED 8/16/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 14, 1955	24c. NAME OF CEMETERY OR CREMATORY Florence Cemetery		24d. LOCATION (City, town, or county) (State) Florence, Mo.			
DATE REC'D BY LOCAL REG. Aug. 19 - 1955		REGISTRAR'S SIGNATURE Wm. L. Kasper		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John R. Steiner Versailles, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 21 1955

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 James R. Sevin

Licensed Embalmer No. 4880

P. O. Address Thurmont, Md.

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.