

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28970

State File No.

FILED SEP 21 1955

BIRTH NO. _____ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 5117 Registrar's No. 7

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

3. NAME OF DECEASED (Type or Print) a. (First) Squire b. (Middle) Robert c. (Last) Case			4. DATE OF DEATH (Month) (Day) (Year) September 12 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 6 1870	9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Boone County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Case		13b. MOTHER'S MAIDEN NAME Carline Carter		14. NAME OF HUSBAND OR WIFE Julia Case	
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. 111		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Stella Blythe Hartsburg Missouri	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic inaction (starvation)		INTERVAL BETWEEN ONSET AND DEATH 2 yrs - +
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Junior. arteriosclerosis (benign) S.D. onset 2 yrs		
	DUE TO (c) <input checked="" type="checkbox"/>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senescence advanced			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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 June, 1950, to Sept 1955 1955, that I last saw the deceased alive on 11 Sept, 1955, and that death occurred at 9:45 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank Hall M.D.		23b. ADDRESS Oakland, Mo		23c. DATE SIGNED 13 Sept 55	
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24a. BURIAL / CREMATION REMOVAL (Specify) Burial		24b. DATE September 14 1955		24c. NAME OF CEMETERY OR CREMATORY Mt Pleasant Cemetery	
				24d. LOCATION (City, town, or county) (State) Boone County Missouri	

DATE REC'D BY LOCAL REG. Sept. 13, 1955		REGISTRAR'S SIGNATURE Mrs Mildred Burnett		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. C. Burnett Oakland Mo	
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(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. C. Burnett*.....

Licensed Embalmer No. *357*

P. O. Address *Ashland*

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.