

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4097 State File No. 29220

BIRTH NO.

REG. DIST. NO. 59

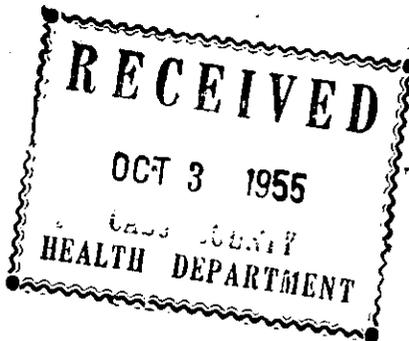
PRIMARY REG. DIST. NO. 445

Registrar's No. 133

1. PLACE OF DEATH a. COUNTY Cass.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Cass.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville, Mo.		c. LENGTH OF STAY (In this place) 30 Hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Drexel.		d. STREET ADDRESS (If rural, give location) 3rd & Pine Streets. Hosp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Harrisonville Memorial							
3. NAME OF DECEASED (Type or Print) a. (First) LEWIS HENRY b. (Middle) CASSADA c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 9/28/55. 9-23-55				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single.	8. DATE OF BIRTH May, 3, 1905	9. AGE (In years last birthday) 50	# UNDER 1 YEAR Months 7 Days 20	# UNDER 1 Wk. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Com Laborer.		10b. KIND OF BUSINESS OR INDUSTRY Laborer.		11. BIRTHPLACE (City and State or Foreign Country) New Lancaster, Kansas.		12. CITIZEN OF WHAT COUNTRY? US?A.	
13a. FATHER'S NAME Elija Cassada		13b. MOTHER'S MAIDEN NAME Norma Ayers.		14. NAME OF HUSBAND OR WIFE Single - Unmarried.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. None.		16. SOCIAL SECURITY NO. 499-16-1945		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace Cassada, Drexel, 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, asthma, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE PULMONARY EDEMA				INTERVAL BETWEEN ONSET AND DEATH 1 DAY			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CONGESTIVE HEART FAILURE				1 MO.			
DUE TO (c) HYPERTENSIVE CARDIOVASCULAR DISEASE				3 YRS			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. OBESITY				443X			
				20 YRS			
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)		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)		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 9-22, 1955, to 9-23, 1955 , that I last saw the deceased alive on 9-23, 1955 , and that death occurred at 12:10 AM from the causes and on the date stated above.							
23a. SIGNATURE J.C. Moody M.D. (Degree or title)				23b. ADDRESS Harrisonville, Mo.		23c. DATE SIGNED 9/24/55.	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9/25/55		24c. NAME OF CEMETERY OR CREMATORY New Lancaster Cem		24d. LOCATION (City, town, or county) (State) New Lancaster, Kans.	
DATE REC'D BY LOCAL REG. 9/25/55		REGISTRAR'S SIGNATURE Dora Barward 457-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drexel 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 personally

~~working under my personal supervision.~~

Student Embalmer No. _____

StudentXXXXXXXXXXXXXXXXXX.....
Student Embalmer

Signed _____

J.B. Hays

Licensed Embalmer No. 1950

P. O. Address _____ Diekel, Mo. _____

* Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.