

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37797**

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5987</u>		Registrar's No. <u>160</u>			
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union</u>		c. LENGTH OF STAY (in this place) <u> </u>		c. CITY OR TOWN <u>Rural Union</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u> </u>				STREET ADDRESS (If rural, give location) <u> </u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u>		b. (Middle) <u>John</u>		c. (Last) <u>Casey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 12 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1/15/1891</u>			
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Iberia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Drury Edward Casey</u>		13b. MOTHER'S MAIDEN NAME <u>Minerva J. Davidson</u>		14. NAME OF HUSBAND OR WIFE <u>Lura Elizabeth Casey</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clyde J. Casey, Dixon, Missouri</u>					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute congestive heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic myocardial failure</u> DUE TO (c) <u>mitral insufficiency</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>410X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>5 years</u> <u>unknown</u>	
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>				20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u> </u>					
22. I hereby certify that I attended the deceased from <u>April 2</u> , 19 <u>55</u> , to <u>Nov 12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov 12</u> , 19 <u>55</u> and that death occurred at <u>9:30 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Douglas Gates D.O.</u>				23b. ADDRESS <u>Dixon, Mo.</u>		23c. DATE SIGNED <u>11-14-55</u>			
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/14/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sheppard Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pulaski County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>11-14-55</u>		REGISTRAR'S SIGNATURE <u>Fred H. Gilbert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred H. Gilbert, Dixon, Missouri</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-14-55
Pulaski County Health Officer
File Number
Date Filed 11-19-55

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 *Maurice E. Schierbaum*

Licensed Embalmer No. *450*

P. O. Address *Dixon, Missouri*

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.