

No. 300  
10-48

FILED MAR 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5386

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 43

1. PLACE OF DEATH  
a. COUNTY JASPER  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
--a. STATE MISSOURI b. COUNTY JASPER

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY c. LENGTH OF STAY (in this place) 37 yrs  
c. CITY OR TOWN WEBB CITY d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 215 NORTH ORONOGO ST  
e. STREET ADDRESS (If rural, give location) 215 NORTH ORONOGO ST 0490

3. NAME OF DECEASED a. (First) FRED b. (Middle) B c. (Last) CASNER  
(Type or Print) 4. DATE OF DEATH (Month) (Day) (Year) MARCH 8 1956

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH JANUARY 14 1884 9. AGE (In years last birthday) 72 IF UNDER 1 YEAR 1 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED RAIL ROAD CLERK 10b. KIND OF BUSINESS OR INDUSTRY RAIL ROAD 11. BIRTHPLACE (City and State or Foreign Country) CARTERVILLE MISSOURI 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME E.S. CASNER 13b. MOTHER'S MAIDEN NAME NELLIE GRAY 14. NAME OF HUSBAND OR WIFE KATHRYN CASNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 702-07-0695 17. INFORMANT'S SIGNATURE OR NAME ADDRESS KATHRYN CASNER WEBB CITY, MO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Occlusion  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_ 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 30 min

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4201 20. AUTOPSY? YES  NO

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 (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7, 1956, to 3-8, 1956 that I last saw the deceased alive on 3-8, 1956, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.B. Munson 23b. ADDRESS D.O. Webb City, Mo 23c. DATE SIGNED 3-9-56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 3/12/1956 24c. NAME OF CEMETERY OR CREMATORY CARTERVILLE CEMETERY 24d. LOCATION (City, town, or county) (State) CARTERVILLE MO

DATE REC'D BY LOCAL REG. 3-10-56 REGISTRAR'S SIGNATURE Mrs. Madeline Switzer 0474-0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 1 1956  
Jasper County Health Office  
County File Number 5-6-3-235  
the Filed MAR 1 2 1956

MAR 23 1956

APR 3 1956

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 *L. Lewis*

Licensed Embalmer No. 456

P. O. Address *Wells*

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.