

FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12270

State File No. _____

BIRTH NO. 21911-56 REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 51

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Barry County</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Barry</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eagle Rock</u>	d. STREET ADDRESS (If rural, give location) <u>0050 J</u>

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Mary</u>	b. (Middle) <u>Aslene</u>	c. (Last) <u>Casley</u>	<u>April 18, 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>newborn</u>	8. DATE OF BIRTH <u>April 18, 1956</u>		9. AGE (In years last birthday) <u>—</u> IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> IF UNDER 24 HRS. Hours <u>—</u> Min. <u>5 min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>newborn</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri, Monett</u>	
12. CITIZEN OF WHAT COUNTRY? <u>—</u>					

13a. FATHER'S NAME <u>Rayburn C. Casley</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Realey</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frances Casley, Eagle Rock, Mo.</u>		ADDRESS <u>—</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 months</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation - (Prolapsed)</u>		DUE TO (b) <u>Premature birth</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>—</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <u>—</u>	19b. MAJOR FINDINGS OF OPERATION <u>7615</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>

22. I hereby certify that I attended the deceased from 4-18-56, 1956, to 4-18-56, 1956, that I last saw the deceased alive on 4-18-56, 1956, and that death occurred at 5:50 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank B. Kerr M.D.</u>	23b. ADDRESS <u>Monett Mo</u>	23c. DATE SIGNED <u>4-18-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>—</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Honor</u>
24d. LOCATION (City, town, or county) (State) <u>Honor Community, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>—</u>	
DATE REC'D BY LOCAL REG. <u>4-24-56</u>	REGISTRAR'S SIGNATURE <u>Mrs P.N. Cook</u>	

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 456-75

DATE REC. 4-30-56

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.