

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12912
STATE FILE NUMBER

FILED MAY 14 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 417-A

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield <i>2396</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		Length of stay in lb 9 Years	d. STREET ADDRESS (If outside, give location) 1355 Cherry Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CLARENCE Middle L. Last CASEY			4. DATE OF DEATH Month April Day 28 Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 7, 1897
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner-Operator Grocery		10b. KIND OF BUSINESS OR INDUSTRY Retail Grocery	11. BIRTHPLACE (City and state or country) Iberia, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John Casey	
14. MOTHER'S MAIDEN NAME Martha Barlow		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. Unknown		17. INFORMANT Address Mrs Cora Casey, Springfield, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left upper abdominal peritonitis. Paralytic ileus. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Fracture 10th rib posteriorly. DUE TO (c) Self inflicted bullet wound. <i>976K</i>			INTERVAL BETWEEN ONSET AND DEATH 6 days 8 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Splenectomy and closure of perforation splenic flexure of colon on 4-22-56. Cirrhosis, diabetes, atelectasis left lower			19. WAS AUTOPSY PERFORMED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
20a. DECENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Self inflicted gun shot wound left anterior chest
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. 4-20-56		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Drive way	
20e. CITY, TOWN, OR LOCATION Springfield		COUNTY Greene	STATE Missouri
21. I attended the deceased from 4-22-56 to 4-28-56 and last saw ^{him} her alive on 4-28-56 . Death occurred at 9:57 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. R. Koby M.D.</i> (Degree of title)		22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED May 8, 1956
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 30, 1956	23c. NAME OF CEMETERY OR CREMATORY Iberia Cemetery	23d. LOCATION (City, town, or county) (State) Iberia, Missouri
24. FUNERAL DIRECTOR <i>Jewell E. Winick</i> ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 5-8-56	26. REGISTRAR'S SIGNATURE <i>Edith Wilkerson</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MAY 14 1956

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JUN 4 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Murray Wilson*

Licensed Embalmer No. 49

P. O. Address *Spring*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

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.