

FILED MAY 22 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15491**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **61**

1. PLACE OF DEATH a. COUNTY <b>Barry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b> <b>0051</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Monett</b> <b>0</b>		c. LENGTH OF STAY (In this place) <b>7 Wks.</b>		c. CITY OR TOWN <b>Monett</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Vincent Hospital</b>				f. STREET ADDRESS (If rural, give location) <b>710 Frisco, Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Fred</b> b. (Middle) <b>Henry</b> c. (Last) <b>Kaase</b>			4. DATE OF DEATH <b>May 12, 1956</b>				
5. SEX <b>Male</b> <b>0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 21, 1874</b>		9. AGE (In years last birthday) <b>81</b>	if UNDER 1 YEAR Days <b>7</b>	if UNDER 24 HRS. Hours <b>21</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Cleveland, Ohio</b> <b>1</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Henry Kaase</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Martha Kaase</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Freda Kaase Monett, Mo.</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Generalized convulsions toxic</b> <b>Caecum of stomach</b> 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 <b>8 yrs.</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>151X</b>					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) (Min.)		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 <b>12-4</b> , 19 <b>47</b> , to <b>5-12</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>5-11</b> , 19 <b>56</b> , and that death occurred at <b>12:35 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Robert R. Douby M.D.</b>				23b. ADDRESS <b>Monett Mo</b>		23c. DATE SIGNED <b>5-17-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/14/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F.</b>		24d. LOCATION (City, town, or county) (State) <b>Monett, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>5-17-56</b>		REGISTRAR'S SIGNATURE <b>Mrs. C. N. Cook</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. D. Buchanan Monett, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 556-87

DATE REC. 5-21-56

MAY 23 1956

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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 J. D. Buchanan

Licensed Embalmer No. 311

P. O. Address Monett

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.