

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED JUN 27 1956

State File No. **22565**

BIRTH NO. _____		REG. DIST. NO. <u>356</u>		PRIMARY REG. DIST. NO. <u>4521</u> Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Texas</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Houston</u>		c. LENGTH OF STAY (in this place) <u>8 Mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Houston</u> <u>1070</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) <u>Edith</u>		a. (First) <u>Edith</u>		b. (Middle) <u>McCaskey</u>	
c. (Last) <u>McCaskey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-17-56</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-10-1870</u>	9. AGE (In years last birthday) <u>85</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>4</u> Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Rice County, Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Haney</u>	
13c. NAME OF HUSBAND OR WIFE <u>Jack</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		15. SOCIAL SECURITY NO. <u>Pearl Leavitt Houston, Mo.</u>	
16. INFORMANT'S SIGNATURE OR NAME <u>Pearl Leavitt Houston, Mo.</u>		17. ADDRESS <u>7 No.</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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infirmities of old age</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Arteriosclerosis</u> <u>Degenerative Valvular Heart Disease</u> DUE TO (c) <u>Grade IV</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured L.F. Femur</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4200F</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>July 18, 1952</u> , to <u>June 16, 1956</u> , that I last saw the deceased alive on <u>June 16, 1956</u> , and that death occurred at <u>9:45 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>J. J. Burns, M.D.</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Houston, Mo.</u>	
23c. DATE SIGNED <u>6/19/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6/19/56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Houston Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Houston, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>June 22-56</u>		REGISTRAR'S SIGNATURE <u>Myrtie Craig</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Elliotth Funeral Home Houston, Mo.</u>	
				ADDRESS	

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
Student Embalmer

Signed Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, Mo

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.