

No. 300  
10.48

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5287

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559x Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Jackson</b>		c. CITY OR TOWN <b>FARMINGTON</b> <sup>0941</sup>	
c. LENGTH OF STAY (In this place)		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway 67</b>		e. STREET ADDRESS (If rural, give location) <b>RURAL ROUTE #3</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>PEARL</b>	b. (Middle) <b>MARIE</b>	c. (Last) <b>CASEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 27 1957</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC. 9, 1909</b>	9. AGE (In years last birthday) <b>47</b>	10. MONTHS <b>2</b>	11. DAYS <b>16</b>	12. IF UNDER 18 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Tavern</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>POPPLAR BLUFF, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>GEORGE RUSSELL</b>	13b. MOTHER'S MAIDEN NAME <b>MAE CALEY</b>	14. NAME OF HUSBAND OR WIFE <b>SHERIDAN CASEY</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Lavena Copeland, Esther, Mo</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>SKULL FRACTURE</b>		<b>NONE</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 67</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Festus Jefferson 050 MO. 2</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>2/27/57 12:00A m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Auto Accident</b>
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22. I hereby certify that I attended the deceased from **Enguest**, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James C. Tolson D.C. Crow</b>	23b. ADDRESS <b>Festus MO.</b>	23c. DATE SIGNED <b>2/27/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3/2/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. MARCUS</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis MO</b>
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DATE REC'D BY LOCAL REG. <b>2-27-57</b>	REGISTRAR'S SIGNATURE <b>James G. Risher</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>MILLER FUNERAL HOME</b>	ADDRESS <b>FARMINGTON, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 5 1957

MAR 12 1957

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 *Donald F. Wray*

Licensed Embalmer No. 9658

P. O. Address *Festus, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.