

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7642  
State File No. \_\_\_\_\_  
Registrar's No. 309

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Doniphan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY OR TOWN <b>Elwood 8150 81</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D.O.A. St. Joseph's Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
No. STREET ADDRESS		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LAWRENCE</b>	b. (Middle) <b>LEROY</b>	c. (Last) <b>CASON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 20, 1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Aug 28, 1879</b>
9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired agent</b>	11. BIRTHPLACE (City and State or Foreign Country) / <b>Indianapolis, Indiana</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Life Insurance Co.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Daniel L. Cason</b>	13b. MOTHER'S MAIDEN NAME <b>Nettie O'Hoyer</b>	14. NAME OF HUSBAND OR WIFE <b>Antonetta</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>563-05-3943</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Dottie Langston, Elwood, Kansas</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>	DUE TO (b) <b>signed as an unattended death</b>		
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	DUE TO (c) <b>in the City of St. Joseph, Mo.</b>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) <b>4201</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **Mar 20, 1957**, to **Mar 20, 1957**, that I last saw the deceased alive on **never**, 19\_\_\_, and that death occurred at **12:00 NOON** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Richard P. Maguire M.D.</b>	23b. ADDRESS <b>Pby &amp; Surg Bldg., St. Joseph, Mo.</b>	23c. DATE SIGNED <b>3-22-57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Mar 23, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>		

DATE REC'D BY LOCAL OFF. <b>Mar 22, 1957</b>	REGISTRAR'S SIGNATURE <b>Cochran W. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Heaton Bowman Funeral Home, St. Joseph, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 ..... Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 314 S. 10th St. Joplin

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.