

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH77022027
State File No. 23

FILED JUL 2-1957

BIRTH NO. _____		REG. DIST. NO. <u>265</u>		PRIMARY REG. DIST. NO. <u>5888</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethelville Big Creek Twp</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>Bethelville</u> <u>8120</u> <u>8</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>2 Lexington Drive</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edwin</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>CASAWAY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>23</u> <u>57</u>	
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6-26-1891</u>	
9. AGE (In years last birthday) <u>65</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>I.C.A. Food Supermarket</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Food Markets</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Latham Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas A. Casaway</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Butler</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia Pidgeon Casaway</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. (If you, give war or dates of service) <u>W.W.I.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nicholas Casaway</u> ADDRESS <u>THE BR</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>No Dr. in attendance</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:10</u> <u>4</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Thana Mahan</u>		(Degree or title) <u>C.R.</u>		23b. ADDRESS <u>Gainesville, Mo.</u>		23c. DATE SIGNED <u>June 23-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-23-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>M.T. Carmel</u>		24d. LOCATION (City, town, or county) (State) <u>Bethelville Ill.</u>	
DATE REC'D BY LOCAL REG. <u>7-1-57</u>		REGISTRAR'S SIGNATURE <u>Thana Mahan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clint...</u> ADDRESS <u>Gainesville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 9 1957

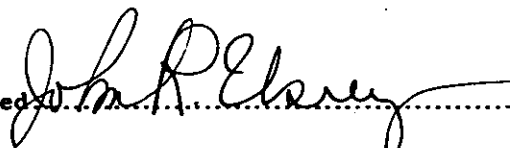
APR 24 1958

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.....



Licensed Embalmer No. 4855

P. O. Address Cairnville

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.