

FILED SEP 9 1957

## STANDARD CERTIFICATE OF DEATH

'57 0 27 5 21  
STATE FILE NUMBERRegistration District No. 42 Primary Registration District No. 1000 Registrar's No. 943

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buch.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>518 1/2 So. 6th. St. Ukn.</u>		d. STREET ADDRESS (If outside, give location) <u>518 1/2 So. 6th. St.</u>	
Length of stay in 1b		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Paul</u> Middle <u>T.</u> Last <u>Cassel</u>			4. DATE OF DEATH Month <u>August</u> Day <u>19</u> Year <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>Unmarried</u>	8. DATE OF BIRTH <u>January 26, 1910</u>
9. AGE (In years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	11. BIRTHPLACE (City and state or country) <u>Harvey, Illinois</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>C.B. &amp; Q. Railroad</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>HIRAM H. CASSEL</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA N. TRYELL</u>	14. NAME OF HUSBAND OR WIFE <u>Ukn.</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) <u>Unknown.</u>		16. SOCIAL SECURITY NO. <u>709-01-1533</u>	17. INFORMANT Address <u>St. Joseph, Mo.</u> <u>Stamey Funeral Home</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Signed in as an unattended death in the city of</u> DUE TO (c) <u>St. Joseph, Missouri</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I viewed the deceased from <u>8-19-57</u> to <u>NEVER SAW</u> Death occurred at <u>12:01 A.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Richard A. Maguire M.D. Health Officer</u>		22b. ADDRESS <u>Phys. &amp; Surg. Bldg 216, St. Joseph</u>	22c. DATE SIGNED <u>8-20-57</u>
23a. BURIAL, CREMATION, SURRENDER (Specify)	23b. DATE <u>8-23-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Public Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
24. FUNERAL DIRECTOR <u>Stamey Funeral Home, St. Joseph, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 29, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Robert Fulton</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

10001

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SEP 18 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 .....

Signed *George A. Kerby*

Signature of Student Embalmer

Licensed Embalmer No. *4752*  
P. O. Address *Joseph, m*

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.