

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH3155K
STATE FILE NUMBER

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 165

1. PLACE OF DEATH a. COUNTY Grandy			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Grandy		
b. CITY (If outside corporate limits, give TOWNSHIP only) Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Trenton, MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callers Hosp.		Length of stay in 1b 1 day	d. STREET ADDRESS (If outside, give location) 2300 Baltimore		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Deborah Sue Caselman			4. DATE OF DEATH Month Day Year Sept 10 1957		
5. SEX Female	6. COLOR OR RACE w	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 9, 1957		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None (Infant)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Trenton, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Edward Caselman		13b. MOTHER'S MAIDEN NAME Drucilla Caselman		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO.		17. INFORMANT Address Edward Caselman Trenton, MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Prematurity DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
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 WORK <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 attended the deceased from 9-9-57 to 9-10-57 and last saw her alive on 9-10-57 Death occurred at Trenton, MO 70 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Mrs. A. Susan W.			22b. ADDRESS 1 Renison, MO		22c. DATE SIGNED 9-10-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9/10/57	23c. NAME OF CEMETERY OR CREMATORY Shelburn Cem.		23d. LOCATION (City, town, or county) (State) Trenton, R.F.D. #4 MO.
24. FUNERAL DIRECTOR J. Gordon Blackman & Trenton, MO Dr. Fuson			25. DATE RECD. BY LOCAL REG. 9/10/57		26. REGISTRAR'S SIGNATURE Irene Jaur

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

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 *Harold H Roberts*

Licensed Embalmer No. *4920*

P. O. Address *....., 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.