

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35725

STATE LICENSE NUMBER

FILED OCT 24 1957

Registration District No. 149

Primary Registration District No. 1602

Registrar's No. 4566

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Dewitt</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Trinity Luthern Hosp. 12Hrs.</b>		d. STREET ADDRESS (If outside, give location) <b>110</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>George Casebolt</b>		4. DATE OF DEATH: Month Day Year <b>Oct. 1, 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 4, 1877</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (City and state or country) <b>Mo.</b>
13a. FATHER'S NAME <b>George Casebolt</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown Terrell</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</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>none</b>	14. NAME OF HUSBAND OR WIFE <b>Bessie Casebolt</b>
17. INFORMANT <b>Mrs. Woodrow Stark</b>		Address <b>4449 N. Agnes N. K. C.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Fractured ribs 8-1/2 shock.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Fractured hip.</b> DUE TO (c) <b>External injuries.</b> <b>Arterio sclerosis - E9020</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b> <b>5 yrs.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (g)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>fell out of tree at home.</b>		
20c. TIME OF INJURY Hour a.m. p.m. <b>9:30 a.m. 57</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home.</b>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <b>Dewitt Mo.</b>		
21. I attended the deceased from <b>8 hours</b> and last saw her alive on <b>Oct 1, 1957.</b>		m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>M. B. Casebolt</b>		22b. ADDRESS <b>4000 Baltimore K. C. Mo</b>	
22c. DATE SIGNED <b>10-2-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10/1/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>-</b>	23d. LOCATION (City, town, or country) (State) <b>Carrollton Mo.</b>
24. FUNERAL DIRECTOR <b>Stine &amp; McClure</b>		25. DATE RECD. BY LOCAL REG. <b>10-2-57</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



NOV 8 1957  
OCT 25 1957

06.1-5715

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 *William M. Jourd'ns* .....

Licensed Embalmer No. *4648*  
P. O. Address *Kansas City* .....

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.