

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1187

FILED FEB 13 1958

STATE FILE NUMBER
336

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City North 16</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NEWBERRY NURSING HOME</u>		Length of stay in 1b <u>2 1/2 YEARS</u>	d. STREET ADDRESS (If outside, give location) <u>712 EAST 42nd TERRACE</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>CORDELIA MARIE CAST</u>			4. DATE OF DEATH Month Day Year <u>Jan. 19, 1958</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 13, 1878</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (City and state or country) <u>Huntington, Ind.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>David Carl Abendroth</u>	13b. MOTHER'S MAIDEN NAME <u>Johannah Blessing</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM B. CAST</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>MRS. DOROTHY STOCKWELL - KC. No. Mo.</u>	Address <u>712 E. 42nd TERRACE</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>		<u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>encephalomalacia</u>	<u>1 month +</u>
	DUE TO (c) <u>Cerebral arteriosclerosis</u>	<u>2 years +</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
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20f. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20h. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 2-23-58 to 1-19-58 and last saw her alive on 1-18-58
Death occurred at 9:59 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Herbert Shuey</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>3903 Brooklyn K.C. Mo.</u>	22c. DATE SIGNED <u>1-20-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JAN. 23, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>	23d. LOCATION (City, town, or county) (State). <u>KANSAS CITY MISSOURI</u>
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24. FUNERAL DIRECTOR <u>DW. NEWCOMER'S SONS</u>	ADDRESS <u>1331 BAYSH CREEK N. C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-23-58</u>	26. REGISTRAR'S SIGNATURE <u>neva minshall</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Herbert Shuey

All diseases in Part I must be causally related.



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 *Raymond M. Hardy*

Licensed Embalmer No. *4913*
P. O. Address *Indep, 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.