

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018069

STATE FILE NUMBER 2674

FILED JUN 11 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1714 Indiana</b>		Length of stay in lb. <b>67 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>1714 Indiana</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Jesse</b> Middle <b>A.</b> Last <b>Cass</b>			4. DATE OF DEATH Month <b>May</b> Day <b>26</b> Year <b>1958</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>Dec. 28, 1890</b>
9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Aaron J. Cass</b>	13b. MOTHER'S MAIDEN NAME <b>Melissa Lloyd</b>
14. NAME OF HUSBAND OR WIFE <b>Sarah Cass</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>496-10-2491</b>
17. INFORMANT <b>Sarah E. Cass</b>		Address <b>1714 Indiana K. C., Mo.</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>Metastatic Carcinoma of Lung</b> DUE TO (b) <b>Acute Cardiac Failure</b> DUE TO (c) <b>Primary Carcinoma, Site Undetermined</b> 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 <b>6 months</b> <b>One Day</b> <b>1 year</b>
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 attended the deceased from <b>Feb. 11, 1958</b> to <b>May 26, 1958</b> and last saw him alive on <b>May 24, 1958</b> Death occurred at <b>4:00 P.M.</b> on the date stated above; and to the best of my knowledge (from the causes stated).			
22a. SIGNATURE (Degree or title) <b>A. D. Eshelman, M.D.</b>		22b. ADDRESS <b>9306 E. New 40 Highway, Independence, Mo.</b>	
22c. DATE SIGNED <b>May 26, 1958</b>		23. NAME OF CEMETERY OR CREMATORY	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 28, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Brookings Cemetery</b>		23d. LOCATION (City, town, or county) <b>Raytown, Missouri</b>	
24. FUNERAL DIRECTOR <b>Earp &amp; Sons</b>		ADDRESS <b>4707 Truman Rd. K.C., Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>5-27-58</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshel</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *James W. Eap* .....  
Licensed Embalmer No. *4622* .....

P. O. Address *W.C., 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.