Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024948

STATE FILE NUMBER

FILED AUG 13 1958 Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 92

1. PLACE OF DEATH
a. COUNTY Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron Community Hospital — Length of stay in 1b 8 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Daviess
c. CITY OR TOWN Rural - Colfax Twp. 0310 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 3 Mi. North Kidder — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Mary Middle Catherine Last Caster

4. DATE OF DEATH Month July Day 31 Year 1958

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH May 14, 1873

9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Lynn Co., Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Harter

13b. MOTHER'S MAIDEN NAME Sarah Jane Lisenby

14. NAME OF HUSBAND OR WIFE Reason Abiah Caster

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Wm E. Caster Address Kidder, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage — 16 days.
DUE TO (c) 331X
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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 July 15 1958, to July 31, 1958 and last saw her/him alive on July 30, 1958
Death occurred at 8. a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Herbert R. Booth M.D.

22b. ADDRESS Hamilton, Mo

22c. DATE SIGNED 8/2/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8-3-1958

23c. NAME OF CEMETERY OR CREMATORY Kidder Cemetery

23d. LOCATION (City, town, or county) (State) Kidder, Mo.

24. FUNERAL DIRECTOR Morris A. Bram ADDRESS Hamilton, Mo.

25. DATE RECD. BY LOCAL REG. Aug 3-58

26. REGISTRAR'S SIGNATURE Francis D. Crawford

(Licensed Embalmer in Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

AUG 25 1958

AUG 21 1958

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 Morris A. Bra

Licensed Embalmer No. 3918

P. O. Address Hamilton

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.