

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031912
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 43 Primary Registration District No. _____ Registrar's No. 566

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>Sagamond</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Springfield</u> ^{612 0} ₈ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors Hosp.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>2708 South Walnut</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Mabel</u> Middle _____ Last <u>Kasheimer</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>19</u> Year <u>1958</u>		
--	--	--	---	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1896</u> <u>April 18, 1894</u>	9. AGE (In years last birthday) <u>64</u> ⁶²	FUNDER 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) <u>Federal Revenue Bureau</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Springfield, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	-----------------------------------	--	---

13a. FATHER'S NAME <u>Christopher Meredith</u>	13b. MOTHER'S MAIDEN NAME <u>Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Daniel Kasheimer</u>
---	---	--

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.	17. INFORMANT Address <u>Daniel Kasheimer, Springfield, Ill.</u>
--	-------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>45 minutes</u>
DUE TO (b) _____ DUE TO (c) <u>4201</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Acute indigestion</u>		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 <u>Poplar Bluff, Mo.</u>	COUNTY _____ STATE _____
---	--	--	--------------------------

21. I attended the deceased from Death occurred at <u>8:00 P.</u> on <u>19 Sept 58</u> to <u>19 Sept 58</u> and last saw her alive on <u>19 Sept 58</u> on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) <u>Cynthia Post M.D.</u>	22b. ADDRESS <u>Poplar Bluff, Mo.</u>	22c. DATE SIGNED <u>20 Sept 58</u>
--	--	---------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9-20-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Springfield City Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Springfield, Ill.</u>
---	-----------------------------	--	---

24. FUNERAL DIRECTOR <u>Frank-Cotrell Poplar Bluff, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9/27/58</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
--	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Counted by doctor
off. date 10/14/58
pet

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.

RECEIVED

OCT 3 1958
BUTLER CO. HEALTH CENTER

FILE No. _____

OCT 6 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 *Charles E. Mungle*

Licensed Embalmer No. *4877*

P. O. Address *Poplar Bluff*

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.