Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036306
STATE FILE NUMBER

FILED OCT 23 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 8651

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Trinity Luthern — Length of stay in Ib 1 Week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Wyandotte
c. CITY OR TOWN Kansas City 8156 8 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 3934 Fisher — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Roland Middle: Last: Cassett

4. DATE OF DEATH Month: October Day: 1 Year: 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH Jan 27 1894

9. AGE (In years last birthday) 64 — 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) Guard

10b. KIND OF BUSINESS OR INDUSTRY Battery Elec. Storage

11. BIRTHPLACE (City and state or country) Clifton Kansas

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

13a. FATHER'S NAME William Cassett

13b. MOTHER'S MAIDEN NAME — Campbell

14. NAME OF HUSBAND OR WIFE Minila Cassett

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

16. SOCIAL SECURITY NO. 514-22-6491

17. INFORMANT Minila Cassett Address 3934 Fisher K C Kan

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 9/27/58
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) — 4201
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 [X]

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 9/24/58 to 10/1/58 and last saw her/him alive on 10/1/58
Death occurred at 8:15 pm 10/1/58 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. J. Farnsworth (Degree or title) MD — **22b. ADDRESS** 1103 Grand KC Mo — **22c. DATE SIGNED** 10/2/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal — **23b. DATE** Oct 4 1958 — **23c. NAME OF CEMETERY OR CREMATORY** Colony Cemetery — **23d. LOCATION** (City, town, or county) (State) Colony, Kansas

24. FUNERAL DIRECTOR Gates Funeral Home — **ADDRESS** Kan City Kan — **25. DATE RECD. BY LOCAL REG.** 10-3-58 — **26. REGISTRAR'S SIGNATURE** Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

J. J. Farnsworth

T43-1023

Dr Farnsworth
1 of 1 bldg

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 Paul Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Pa
Kans

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.