

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045992  
STATE FILE NUMBER

12710  
REGISTRATION NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

HELD JAN 14 1959

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Inside Limits Yes  No   
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Lukes Hospital** Length of stay in 1b \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **St. Louis**  
c. CITY OR TOWN **Hathaway Manor** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **1244 Jennings Rd.** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
**Martha K. McCaslin**  
4. DATE OF DEATH Month Day Year  
**December 30, 1958**  
5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED  NEVER MARRIED   
WIDOWED  DIVORCED  8. DATE OF BIRTH **Jan. 12, 1902** 9. AGE (In years last birthday) **56**  
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) **at home** 10b. KIND OF BUSINESS OR INDUSTRY **none** 11. BIRTHPLACE (City and state or country) **Richmond Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**  
13a. FATHER'S NAME **James Kirkpatrick** 13b. MOTHER'S MAIDEN NAME **Lucy Ralph** 14. NAME OF HUSBAND OR WIFE **Boyce E. McCaslin**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **yes** 17. INFORMANT Address **Mr. Boyce E. McCaslin 1244 Jennings Rd.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **lymphoma + a plastic anemia** INTERVAL BETWEEN ONSET AND DEATH **6/58**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) \_\_\_\_\_  
DUE TO (c) **202.1**  
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

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 Month, Day, Year  
a.m. p.m. \_\_\_\_\_  
20d. INJURY OCCURRED WHILE AT  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 **6/6/58** to **12/30/58** and last saw her/him alive on **12/30/58**  
Death occurred at **7:15 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Robert Parie M.D.** 22b. ADDRESS **3720 Washington St. Louis** 22c. DATE SIGNED **12/30/58**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **1/2/1959** 23c. NAME OF CEMETERY OR CREMATORY **Laurel Hill Memorial Gardens** 23d. LOCATION (City, town, or county) (State) **St. Louis County Missouri.**

24. FUNERAL DIRECTOR ADDRESS **C.R. Lupton and Sons 7233 Delmar Blv'd.** 25. DATE RECD. BY LOCAL REG. **DEC 31 '58** 26. REGISTRAR'S SIGNATURE **J. Paul Smith, M.D.**

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

5. 300 0  
1-57

S.P.

McCaslin (city wise)

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 *Clarence A. Murray*

Licensed Embalmer No. *4019*

P. O. Address *A. Lewis M.*

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.