URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-020647

FILED JUL 14 1959 53

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 241

STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: WHITEWATER TSWP. Length of stay in 1b: 13 Mths
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Family Home Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Whitewater, Mo. Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Beverly Middle: J. Last: Kassel

4. DATE OF DEATH: Month: July Day: 8 Year: 1959

5. SEX: F

6. COLOR OR RACE: W

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: March 15, 1958

9. AGE (last birthday): 1 IF UNDER 1 YEAR: Months Days IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Cape Girardeau County

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William Kassel

13b. MOTHER'S MAIDEN NAME: Margarete Mecham

14. NAME OF HUSBAND OR WIFE: None

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: William Kassel Address: Whitewater, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Hydrocephalis, congenital — INTERVAL BETWEEN ONSET AND DEATH: Since birth

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 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 March 15, 1958, to June 22, 1959 and last saw her alive on June 22, 1959

Death occurred at 11:00 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edward P Campbell M.D.

22b. ADDRESS: Cape Girardeau, Missouri

22c. DATE SIGNED: 7-10-59

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

23b. DATE: July 10, 1959

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park

23d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.

24. FUNERAL DIRECTOR: BRINKOPF-HOWELL ADDRESS: CAPE GIRARDEAU MO.

25. DATE RECD. BY LOCAL REG.: 7-11-1959

26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.