URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 22 1959

59–033095
STATE FILE NUMBER

Registration District No. 215 Primary Registration District No. 5783 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural Glaze
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First: Ray Middle: C. Last: Casey
4. DATE OF DEATH: Month: 9 Day: 11 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-24-1885
9. AGE (last birthday): 73
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): Farming Retired
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (City and state or country): Miller County, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Zadoc Casey
13b. MOTHER'S MAIDEN NAME: ------- Castleman
14. NAME OF HUSBAND OR WIFE: Naomi Casey
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.: 496-40-7698
17. INFORMANT: Mr. Glen Casey, Iberia, Missouri
Address:

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): Coronary Thrombosis — Interval between onset and death: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis — years
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 Sept 5, to Sept 11th and last saw him alive on Sept 11th
Death occurred at 2:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wm. A. Gould DO (Degree or title)
22b. ADDRESS: Iberia Mo.
22c. DATE SIGNED: 9/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/13/1959
23c. NAME OF CEMETERY OR CREMATORY: Iberia Cemetery
23d. LOCATION (City, town, or county) (State): Iberia, Missouri

24. FUNERAL DIRECTOR ADDRESS: Gilbert Funeral Home, Inc., Dixon, Mo.
25. DATE RECD. BY LOCAL REG.: Sept. 14-1959
26. REGISTRAR'S SIGNATURE: Jessie Perkins

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Maurice E. Schi

Signature of Student Embalmer

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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