URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-006193

FILED VS MAR 3 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 829 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 2 yrs. 7mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3232 Karnes Blvd. — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Wyandotte
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 825 Tenny Ave., — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First MAMIE Middle MABEL Last CASSEL
4. DATE OF DEATH: Month Feb. Day 11 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 7/27/1890
9. AGE (last birthday): 69
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Junction City, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James C. Whisman
13b. MOTHER'S MAIDEN NAME: Fredricka Louise Miers
14. NAME OF HUSBAND OR WIFE: Fred Cassel (Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: (Sister) Mrs. Jerry Hurley, Address: 3232 Karnes Blvd. Kansas City, 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): Carcinoma of rectum — INTERVAL BETWEEN ONSET AND DEATH: 2½ years
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 [X] No [ ] Unknown

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 July 2 1957, to Feb. 10, 1960 and last saw her alive on Feb. 10, 1960
Death occurred at 7:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Albert I. Decker MD (Degree or title)
22b. ADDRESS: Kansas City Missouri
22c. DATE SIGNED: 2-12-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb. 13, 1960
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.
23d. LOCATION (City, town, or county) (State): Kansas City Kansas
24. FUNERAL DIRECTOR: Werner Mortuary ADDRESS: K.C.K.
25. DATE RECD. BY LOCAL REG.: 2-12-60
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Albert I. Decker MEDICAL CERTIFICATION DOCUMENT

DR Albert J. [illegible]
[illegible]
VI - 6178

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~or by~~ _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Donald F. Werner

Licensed Embalmer No. 5007

P. O. Address Kans City,

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