URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-018488

STATE FILE NUMBER

FILED VS MAY 3 1 1960 042

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 596

NDED

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

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

3. NAME OF DECEASED (Type or print): First: Claude Middle: R. Last: Cassity

4. DATE OF DEATH: Month: May Day: 24 Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Jan.13,1902
9. AGE (last birthday): 58 — 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): Banker
10b. KIND OF BUSINESS OR INDUSTRY: Banking
11. BIRTHPLACE (City and state or country): De Kalb, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Stephen Cassity
13b. MOTHER'S MAIDEN NAME: Ida May Frakes
14. NAME OF HUSBAND OR WIFE: Helen G. Cassity

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.: 495-09-8720
17. INFORMANT: Helen Cassity Address: Rushville, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Traumatic Shock and Intracranial Hemorrhage

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

DUE TO (b): Due to Self Inflicted Pistol Wound of Head

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: 8 Hour a.m. p.m. Month, Day, Year: 5/24/60

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.): Rushville State Bank
20f. CITY, TOWN, OR LOCATION: Rushville COUNTY: Buchanan STATE: Missouri

21. I ~~attended the deceased from~~ viewed body and last saw ~~her~~ him ~~alive~~ on 5-24-60
Death occurred at 8 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Buchanan Co MO — S.E. Meluney MD Coroner
22b. ADDRESS: St. Joseph, Missouri 214 Kirkpatrick Bldg.
22c. DATE SIGNED: 5-24-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 26,1960
23c. NAME OF CEMETERY OR CREMATORY: Westlawn Cemetery
23d. LOCATION (City, town, or county) (State): DeKalb Missouri

24. FUNERAL DIRECTOR: Sawin-Dyer ADDRESS: Atchison, Kansas
25. DATE RECD. BY LOCAL REG.: May 26, 1960
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

S.E. Meluney M.D.

JUN 29 1960

OCT 13 1960

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 J. P. Dyer

Licensed Embalmer No. 43200

P. O. Address Atchison

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.