

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020401

FILED VS MAY 27 1960

Registration District No. 250

Primary Registration District No. _____

Registrar's No. 34

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DEARBORN</u>		c. CITY OR TOWN <u>PLATTE</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MARSHALL TOWN</u>		d. STREET ADDRESS (If outside, give location) <u>MARSHALL</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>A.</u> Last <u>Cassity</u>			4. DATE OF DEATH Month <u>May</u> Day <u>11</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/21/88</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ferm</u>	11. BIRTHPLACE (City and state or country) <u>DeKalb, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Allen Cassity</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Reegan</u>		14. NAME OF HUSBAND OR WIFE <u>Frances E. Cassity</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>500 12 1755</u>		17. INFORMANT <u>Mrs. Frances Cassity, Dearborn, Mo</u> Address _____	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Malignancy of liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
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)		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
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 May 29, 1957 to May 11, 1960 and last saw ^{her}him alive on May 9, 1960
Death occurred at 9 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D. O.</u>	22b. ADDRESS <u>Weston, Missouri</u>	22c. DATE SIGNED <u>5/12/60</u>
--	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Euriel</u>	23b. DATE <u>May 14, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetary</u>	23d. LOCATION (City, town, or county) (State) <u>Wallece, Mo.</u>
--	----------------------------------	---	--

24. FUNERAL DIRECTOR <u>Vaughn & Aufrenc Dearborn, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>May 14, 1960</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
---	---	---

DOCUMENT

MEDICAL CERTIFICATION

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. P. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Va.

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