

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042441

LED VS DEC 14 1960

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 242 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Carthage Jasper	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage	a. STATE Mo.	b. COUNTY Jasper
Length of stay in 1b 67 yrs		c. CITY OR TOWN Carthage	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hospital		d. STREET ADDRESS 1717 Hillcrest St	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First GEORGE	Middle Elbert	Last CASAVAN	4. DATE OF DEATH	Month Dec. 3, 1960	Day	Year
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5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-27-93	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. office manager	10b. KIND OF BUSINESS OR INDUSTRY Hercules Powder Co	11. BIRTHPLACE (City and state or country) Carthage, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Francis Casavan	13b. MOTHER'S MAIDEN NAME Flora Harker	14. NAME OF HUSBAND OR WIFE Jean Davidson Casavan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 490-10-0382-A	17. INFORMANT Jean Casavan, 1717 Hillcrest, Carthage, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u>		<u>25 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary Insufficiency</u>	<u>6 yrs.</u>
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Three previous Myocardial Infarctions</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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
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21. I attended the deceased from 11-28-60 to 12-3-60 and last saw her/him alive on 12-3-60
Death occurred at 12:03 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Charles L. Schell</i> MD	22b. ADDRESS Carthage, Mo - 1515 Hazel Ave	22c. DATE SIGNED 12-3-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-5-60	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or county) Carthage, Mo	(State)
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24. FUNERAL DIRECTOR KNELL MORTUARY, Carthage, Mo	25. DATE RECD. BY LOCAL REG. 12-5-60	26. REGISTRAR'S SIGNATURE <i>My Chitum</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 21 1967

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 Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage, Mo

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