

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014610

STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 8887 Registrar's No. 5

AMENDED

FILED APR 21 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Belle		c. CITY OR TOWN Belle	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If outside, give location) R D	
3. NAME OF DECEASED (Type or print) First ARLIE Middle HUDSON Last CASEY		4. DATE OF DEATH Month Apr Day 17 Year 1961	
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 10-8-14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Worker		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME THOMAS SHERMAN CASEY		13b. MOTHER'S MAIDEN NAME INA PRATER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14. NAME OF HUSBAND OR WIFE Mary Irene Barlish Address Mrs. Mary I. Casey . Belle, 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) Gun shot wound in left chest			INTERVAL BETWEEN ONSET AND DEATH instant
DUE TO (b) Gun Shot discharge Self Inflicted			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self inflicted gun shot wound	
20c. TIME OF INJURY Hour 4 m. 17 p.m. Month, Day, Year 4-17-61		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In the Home	
20e. CITY, TOWN, OR LOCATION Belle Osage County Mo.		20f. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw him ^{alive} dead on _____ Death occurred at 4:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) Coroner		22b. ADDRESS Box 255, Linn, Mo.	
22c. DATE SIGNED 4-17-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-20-61	
23c. NAME OF CEMETERY OR CREMATORY Grove Dale Cemetery		23d. LOCATION (City, town, or county) (State) Bland, Mo. R D	
24. FUNERAL DIRECTOR Jones Funeral Home . Belle, Mo.		25. DATE RECD. BY LOCAL REG. 4 - 18 - 61	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

MAY 2 1961

AUG 1 1966

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed

One Edward Jones Jr.

Licensed Embalmer No.

4411

P.O. Address

Belle Me

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.