

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032062

STATE FILE NUMBER

AMENDED

Registration District No. 441 Primary Registration District No. 4060 Registrar's No. 21

FILED OCT 11 1961

1. PLACE OF DEATH a. COUNTY Caldwell				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Caldwell									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Breckenridge,		Length of stay in 1b- life		c. CITY OR TOWN Breckenridge,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) none		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Daniel Middle Harve Last Cashatt				4. DATE OF DEATH Month Aug. Day 7 Year 1961									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/7/74		9. AGE (last birthday) 87yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-retired				10b. KIND OF BUSINESS OR INDUSTRY same		11. BIRTHPLACE (City and state or country) Breckenridge, Mo		12. CITIZEN OF WHAT COUNTRY U S A					
13a. FATHER'S NAME Clark Cashatt				13b. MOTHER'S MAIDEN NAME Sally Groves				14. NAME OF HUSBAND OR WIFE deceased					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no						17. INFORMANT Address Louis Cashatt, Breckenride, 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) Suffocation and burns										INTERVAL BETWEEN ONSET AND DEATH			
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. <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 SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Trapped in burning building									
20c. TIME OF INJURY 2a p.m. 8 9 61													
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.) home			20f. CITY, TOWN, OR LOCATION Breckenridge,			COUNTY Caldwell		STATE MO.		
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE N. R. Elster (Degree or title) Caldwell County Coroner,				22b. ADDRESS Hamilton, Missouri				22c. DATE SIGNED 8-9-61					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 8, 1961		23c. NAME OF CEMETERY OR CREMATORY Rosehill Cem.				23d. LOCATION (City, town, or county) (State) Breckenridge, Mo					
24. FUNERAL DIRECTOR Mead-Pitts ADDRESS Breckenridge, Mo				25. DATE RECD. BY LOCAL REG. Oct. 2, 1961		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>							

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

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

Student _____
Signature of Student Embalmer

Signed J. W. Petts

Licensed Embalmer No. 5074

P. O. Address Breckenridge, 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.