

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0041010

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 308

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ClintonLength of stay in 1b
4 weeksc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Clinton General HospInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Benton

c. CITY OR TOWN Warsaw Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Racket Star Route Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
ANNA BELLE CASPER4. DATE OF DEATH Month Day Year
October 23, 1966

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9/4/85

9. AGE (last birthday)

81

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seamstress

10b. KIND OF BUSINESS OR INDUSTRY

Mattress Mfg.

11. BIRTHPLACE (City and state or country)

Harrisonville, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James W. Johnson

13b. MOTHER'S MAIDEN NAME

Mary E. Pennington

14. NAME OF HUSBAND OR WIFE

Thomas D. Casper, Decs'd

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.

495-05-4228

17. INFORMANT

Ruby Kennedy 7901 E. 57th North

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Dispute, Mollities

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

DUE TO (b)

Cerebral Arteriosclerosis, Arterio-
sclerotic

DUE TO (c)

Brain System

INTERVAL BETWEEN
ONSET AND DEATH

July 1966

6 weeks -

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 ☐ Unknown19. 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 Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-4-66 to 10-23-66 and last saw her alive on 10-23-66
* Death occurred at 6:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W.D. Brashaw, M.D.

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

10-24-66

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10/26/66

23c. NAME OF CEMETERY OR CREMATORY

Highland Park Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Blackman Funeral Home, Kansas City, Mo. Oct. 24, 66

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

NOV 2 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 Eugene R. Consoaker

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.

Permit Obtained 10-24-66 (MBS)