

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1779

State File No. ....

*Della May Cassity*  
FILED JAN 16 1949

BIRTH NO. .... REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brockfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Browning</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hugh Cassity Home</u>		d. STREET ADDRESS <u>Rural</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Della</u> b. (Middle) <u>May</u> c. (Last) <u>Cassity</u>		4. DATE OF DEATH (Month) <u>1</u> (Day) <u>2</u> (Year) <u>49</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 16, 1886</u>
9. AGE (In years last birthday) <u>62</u>		10. MONTHS <u>8</u> DAYS <u>16</u> HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Will Richardson</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Bray</u>	
14. NAME OF HUSBAND OR WIFE <u>Ben F. Cassity</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida Head Browning</u>		ADDRESS <u></u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bright's disease + albuminuria</u> DUE TO (c) <u>General Anasarca + Dilatation</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>of Heart + Mitral insufficiency</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	
20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>			
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>✓</u>	
21c. HOW DID INJURY OCCUR? <u>1)</u>			
22. I hereby certify that I attended the deceased from <u>Aug 23</u> , 19 <u>48</u> , to <u>Jan 1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan 1</u> , 19 <u>49</u> , and that death occurred at <u>12-49 538</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Mark H. R. Head M.D.</u>		23b. ADDRESS <u>Brockfield Mo 4/2-49</u>	
23c. DATE SIGNED <u>1-5-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-41-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Enterprise</u>		24d. LOCATION (City, town, or county) (State) <u>Browning MO.</u>	
DATE REC'D BY LOCAL REG. <u>1-5-49</u>		REGISTRAR'S SIGNATURE <u>Walter Brown</u> <u>169</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wade Funeral Home</u>		ADDRESS <u>Browning</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.

Signed \_\_\_\_\_

*Gerald I. Wade*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4172

P. O. Address Browning

**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 this body is not embalmed, fact should be so stated above.