

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9

BIRTH NO.		REG. DIST. NO.	PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>48</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</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) <u>Kirksville</u>		c. LENGTH OF STAY (If this place) <u>9 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Purdin</u> <u>0580</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>CRIMM SMITH MEAL HOSP</u>			d. STREET ADDRESS (If rural, give location) <u>1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alpha</u> b. (Middle) <u>Omega</u> c. (Last) <u>Cassity</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 30 1953</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>April 28 1884</u>	9. AGE (In years last birthday) <u>70</u>	10. IF UNDER 1 YEAR Months Days Hours Mins
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Purdin Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Cassity</u>			
13b. MOTHER'S MAIDEN NAME <u>Louisa Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Red Earl Cassity</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Red Earl Cassity</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (Bronchial)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>491X</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic heart disease sev yrs</u>			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1-22, 1953</u> to <u>1-30, 1953</u> , that I last saw the deceased alive on <u>1-30, 1953</u> , and that death occurred at <u>12:20 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>George E. Grimm M.D.</u>		23b. ADDRESS <u>Kirksville Mo</u>		23c. DATE SIGNED <u>2/2/53</u>	
24a. BURIAL OR CREMATION REMOVAL <u>Removal</u>		24b. DATE <u>1-30-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Purdin Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Purdin Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brothers Funeral Home, Linn, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-2-53</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 18 1968

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
Student Embalmer

Signed _____

Licensed Embalmer No. 4655

P. O. Address Laclede 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 this body is not embalmed, fact should be so stated above.