

## STANDARD CERTIFICATE OF DEATH

State File No. ....

6751

05229  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 16 1953

BIRTH NO. ....		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>260</u>	
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>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		<u>05229</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>329 Brunswick Street</u>				d. STREET ADDRESS (If rural, give location) <u>329 Brunswick Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
		<u>Matilda Elizabeth</u>		<u>Cassity</u>			
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		<u>Feb. 10,</u>		<u>1953</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 10, 1873</u>		9. AGE (In years last birthday) <u>79</u>	
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 <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>New Boston, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Bethel Bray</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Nester</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Cassity</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thomas Cassity, Brookfield, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1-15 min.</u>  <u>25 years</u>  <u>20 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>November 1952</u> to <u>July 10, 1953</u> that I last saw the deceased alive on <u>2-9</u> , 1953, and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. H. Ryals</u>				23b. ADDRESS <u>Brookfield, Mo.</u>		23c. DATE SIGNED <u>2-12-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 12, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nester Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>New Boston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-12-53</u>		REGISTRAR'S SIGNATURE <u>Nadine Stambach, Reg.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wright Funeral Home, Brookfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_

*Harold B. Wright*

Licensed Embalmer No. \_\_\_\_\_

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P. O. Address Brookfield, 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.