

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED APR 2 - 1956

State File No. **8087**

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Bucklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Daniess</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph Mo.</u>		c. LENGTH OF STAY (In this place) <u>30 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Altamont Mo</u>		d. STREET ADDRESS (If rural, give location) <u>9310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>							
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
		<u>Norman</u>		<u>Chester</u>		<u>Cassity</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept 19 1881</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Groceryman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Groceryman</u>		11. BIRTHPLACE (State or foreign country) <u>Brownings Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Cassity</u>		13b. MOTHER'S MAIDEN NAME <u>Aura Garrett</u>		14. NAME OF HUSBAND OR WIFE <u>Rita Cassity</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-38-8902</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rita Cassity, Altamont, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u>				<u>2/12/56</u>			
DUE TO (b) <u>Spengemann &amp; R. foot &amp; leg.</u>				<u>3/25/56</u>			
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>3/13/56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Spengemann &amp; R. foot and lower leg.</u>		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2/25</u> , 1956, to <u>3/25</u> , 1956, that I last saw the deceased alive on <u>3/25</u> , 1956, and that death occurred at <u>6:10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. D. Lospence M.D.</u>		(Degree or title)		23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>3/25/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-28-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Alfonsus, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Mar 27, 1956</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. O. Hickman</u>		ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

1908 FEB 10

### 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

*L. O. Dickerson*

Licensed Embalmer No. *3302*

P. O. Address *Gallatin, M.*

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.