

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0041907

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 385

Primary Registration District No. 2438

Registrar's No. 217

1. PLACE OF DEATH

a. COUNTY Linn

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN BrookfieldLength of stay in lb
20 yrsc. FULL NAME OF (IF NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Pershing HospitalInside Limits
Yes ☒ No ☐

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

a. STATE Missouri b. COUNTY Linn

c. CITY
OR
TOWN BrookfieldInside Limits
Yes ☐ No ☒d. STREET
ADDRESS RFD # 1Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
SUSAN E. CASSITY4. DATE
OF
DEATHMonth Day Year
Oct. 7, 1966

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-23-1879

9. AGE (last birthday)

87

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)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At home

11. BIRTHPLACE (City and state or country)

New Boston, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Richardson

13b. MOTHER'S MAIDEN NAME

Mary Adeline Bray

14. NAME OF HUSBAND OR WIFE

Hugh Cassity

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.

None

17. INFORMANT

Ray Cassity, Brookfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral vascular accident

INTERVAL BETWEEN
ONSET AND DEATH
39 daysConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) Cerebral arteriosclerosis

15 yrs.

DUE TO (c) Hypertension

20 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Uremia

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
INJURYHour a.m. p.m.
Month, Day, Year20d. 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

COUNTRY

STATE

21. I attended the deceased from 1962 to Oct. 7, 1966 and last saw her him alive on Oct. 7, 1966
Death occurred at 6:15 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. R. L. Ryals

22b. ADDRESS

125 East Lockling Brookfield, Mo.

22c. DATE SIGNED

10-10-66

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

10-10-1966

23c. NAME OF CEMETERY OR CREMATORY

Union Chapel Cemetery

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

New Boston, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Wright Funeral Home, Brookfield, Mo.

25. DATE RECD. BY LOCAL REG.

10-10-66

26. REGISTRAR'S SIGNATURE

Anna Watson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1 0585

2 0580

3

4 1

5 2

6

7 0

8 0

9 331X

10

11

12 2-2

13 2-0

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 HB. Wright

Licensed Embalmer No. 3718

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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