

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68 0008502

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 385

Primary Registration District No. 9038

Registrar's No. 56

FILED MAR 13 1968

VS 300  
Rev. 4/59

1 0  
2 57  
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4 0  
5 1  
6 4109  
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132-0

DATE AMENDED

0585

0585

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Brookfield</b>		c. CITY OR TOWN <b>Brookfield</b>	
Length of stay in 1b <b>45 min</b>		Inside Limits <b>Yes</b> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pershing Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>318 East Robard</b>	
3. NAME OF DECEASED (Type or print) First <b>Nolan</b> Middle <b>Theodore</b> Last <b>Cassity</b>		4. DATE OF DEATH Month <b>March</b> Day <b>2</b> Year <b>1968</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/28/1910</b>
9. AGE (last birthday) <b>57</b>		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) <b>C.B.&amp;Q Railroad Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>New Boston, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Albert Cassity</b>		13b. MOTHER'S MAIDEN NAME <b>Susie Stufflebean</b>	
14. NAME OF HUSBAND OR WIFE <b>Helen Cassity</b>		Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-24-8013</b>	
17. INFORMANT <b>Mrs. Helen Cassity Brookfield, Mo</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive Myocardial Infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>12 hr -</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <b>3/2/68</b> to <b>3/2/68</b> and last saw her alive on <b>62 32 Am 3/2/68</b> Death occurred at <b>12 3/4 Am</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>H. H. Edmund M.D.</b>		22b. ADDRESS <b>Brookfield Mo</b>	22c. DATE SIGNED <b>3/4/68</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>March 4, 1968</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn Memory Gardens</b>	23d. LOCATION (City, town, or county) (State) <b>Brookfield, Mo</b>
24. FUNERAL DIRECTOR <b>W. G. Baker Brookfield, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>3-4-68</b>	26. REGISTRAR'S SIGNATURE <b>Anne Watson</b>

(Licensed Embalmer's Statement on Reverse Side)

MAR 19 1968

MAR 15 1968

8-14-68

### 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

*Leo W. Dault*

Licensed Embalmer No.

*4799*

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.