

FILED DEC 4 1968

124

STATE FILE NUMBER

68 0045727

CERTIFICATE OF DEATH

Registration District No. 385

Primary Registration District No. 3038

Registrar's No. 268

DO NOT WRITE  
ON THIS STUD

9. 0  
10a. 86  
10b.  
11. 0  
12. 1  
13. 4109  
14. 8  
15. 4  
16.  
17.  
18. 0  
19. CREDITS  
20. 2-0

VS 300  
Rev. 1/68

4. 0585  
5. 86

DECEASED

USUAL RESIDENCE  
WHERE DECEASED  
LIVED. IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.

6. 0580

PARENTS

CAUSE

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Raleigh D Cassidy		2. Male	3. November 15 1968
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)
4. White		5. 86	6. Aug 20 1882
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7. Brookfield		8. yes	9. White Haven Rest Home
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
10. Missouri		11. USA	12. Married
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
13. 728 05 1665		14. Retired	15. Merchant
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER
16. Missouri Linn		17. Purdin	18. Yes
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
19. Alonzo Cassidy		20. Sarah A Swiggart	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
21. Pearl Cassidy		22. Purdin Mo	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			
(a) Coronary artery occlusion			Swollen
DUE TO, OR AS A CONSEQUENCE OF:			
(b) Arteriosclerosis			Indefinite
DUE TO, OR AS A CONSEQUENCE OF:			
(c) Senility			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO)
23. Carcinoma of prostate & pelvic metastases			19. No
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
24.	25.	26.	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
27.	28.	29.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON
30. act 9 1968	31. Nov 15 1968	32. Oct 23 1968	33. 4:30
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	HOUR OF DEATH	THE DECEDENT WAS PROLONGED DEAD	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
34. 10:50a	35. Nov 15 1968	36. 10:45p	
CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
37. JOHN R. DIXON M.D.	38. John R Dixon M.D.	39.	40. 11-18-68
MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.	CITY OR TOWN	STATE
41. 125 E LOCKING AVE	42. BROOKFIELD	43. Missouri	44. 64628
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
45. Burial	46. Purdin	47. Purdin	
DATE	FUNERAL HOME—NAME AND ADDRESS	STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP	
48. 11/17/1968	49. Wade Funeral Home	50. Browning Mo	
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
51.	52.	53. 11-28-68	

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

CERTIFIER

BURIAL

DEC 6 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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Gerald T. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.