

CERTIFICATE OF DEATH

124 69 0025160

Registration District No. 285 Primary Registration District No. 3038 Registrar's No. 118

DO NOT WRITE
ON THIS SUB

VS 300
Rev. 1/68

9. 0
10a. 97
10b. 86
11. 0
12. 2
13. 7079
14. 9
15. 0585
16. 0
17. 0
18. 0
19. CREDITS
20. 2-0

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

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)								
1. THOMAS		2. CASSITY		3. Male		4. June 7, 1969											
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH							
4. White		5a. 97		5b. MOS. DAYS		5c. HOURS MIN.		6. June 22, 1871		7a. Linn							
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)													
7b. Brookfield		7c. Yes		7d. McLarney Manor													
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)											
8. Missouri		9. USA		10. Widowed		11.											
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY													
12. 498-54-3610T		13a. Retired Farmer		13b.													
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER									
14a. Missouri		14b. Linn		14c. Brookfield		14d. Yes		14e. 329 Brunswick Ave.									
FATHER—NAME		FIRST		MIDDLE		LAST		MOTHER—MAIDEN NAME									
15. Andrew		16. Cassity		17. Amanda		18. McGee											
INFORMANT—NAME		MAILING ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)													
17a. Andrew Cassity		17b. 329 Brunswick Ave. Brookfield, Mo. 64628															
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		18a. Bacteremic shock								5 days							
(a) DUE TO, OR AS A CONSEQUENCE OF:		18b. Toxic shock								1 month							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) DUE TO, OR AS A CONSEQUENCE OF:															
(c)																	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH													
19a.		19b.															
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)											
20a.		20b.		20c.		20d.											
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)											
20a.		20b.		20c.		20d.											
CERTIFICATION—PHYSICIAN:		MONTH		DAY		YEAR		MONTH		DAY		YEAR		I DID/DID NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED AT THE PLACE, ON THE (HOUR, DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21a. ATTENDED THE DECEASED FROM		1965		TO		1969		21c. June 1969		21d. Not		21e. 12 noon					
CERTIFICATION—MEDICAL EXAMINER OR CORONER. ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		MONTH		DAY		YEAR		HOUR					
22a.		22b.		22c.		22d.		22e.		22f.		22g.		22h.			
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)											
23a. W. D. Baker		23b. B. A. Arnold		23c. M.D.		23d. 6-9-69											
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP									
23a.		23b.		23c.		23d.		23e.		23f.							
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE									
24a. Burial		24b. Wester Chapel Cemetery		24c. New Boston,		24d. Mo.											
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)													
24a. June 9, 1969		24b. Hill Funeral Home		24c. 117 S. Main St., Brookfield, Mo. 64628													
FUNERAL DIRECTOR'S SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR													
25a. W. D. Baker		25b. Anna Watson		25c. 6-12-69													

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

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

Geo. W. Sawalt

Licensed Embalmer No.

4799

P. O. Address

Brookfield, Md

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.