

CERTIFICATE OF DEATH

124

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Registration District No. 381 Primary Registration District No. 6183 Registrar's No. 39

DO NOT WRITE
ON THIS STUD

VS 300
Rev. 1/70

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Carl T. Cassity					2. Male	3. 5	16 1971
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. White		5a. 67		5b. MOS.	5c. DAYS	6. 6 27 1903	
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)		COUNTY OF DEATH	
7b. Milan		7c. No		7d. Milan Nursing Home		7e. Sullivan	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Mo		9. USA		10. Widowed		11.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 712 12 4396		13a. Retired		13b. Telephone Co			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. Mo		14b. Linn	14c. Purdin		14d. No	14e.	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. Robert W. Cassity					16. Ora Carr		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. W P Cassity				17b. Milan Mo			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							
18. IMMEDIATE CAUSE							
(a) Cerebral Hemorrhage							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) Generalized Epilepsy							
DUE TO, OR AS A CONSEQUENCE OF:							
(c) and arteriosclerosis							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)							
19. Cerebral ischemia							
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)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
21a.		21b.		21c.		21d.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 3 5 71 TO 5 16 71							
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.							
22a. CERTIFIER—NAME (TYPE OR PRINT)							
22b. T.R. M. A. R. T. O. R				22c. S. R. M. A. T. O. R			
MAILING ADDRESS—CERTIFIER				23a. B. R. O. W. N. I. N. G. M. O.			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		STATE	
24a. Burial		24b. Purdin		24c. Purdin		24d. Mo	
DATE 5 19 1971		FUNERAL HOME—NAME AND ADDRESS		CITY OR TOWN		STATE	
25a. 5 19 1971		25b. Wade Funeral Home		25c. Browning Mo		25d. 64630	
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
26a. Gerald I. M. A. R. T. O. R		26b. Mrs. M. W. Beckwith		26c. 5-21-71			

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

PARENTS

CAUSE

CERTIFIER

BURIAL

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

9. 0
10a. 67
10b.
11. 0
12. 2
13. 4310
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 2-0

4. 1050
5. 86
DECEASED

6. 0580
PARENTS

1261 - I NMF

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 Ronald I. Wicks

Licensed Embalmer No. 4172

P. O. Address Brown

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.