

124

STATE FILE NUMBER  
71 0028834

CERTIFICATE OF DEATH

Registration District No. 385 Primary Registration District No. 3038 Registrar's No. 15-8

DO NOT WRITE  
ON THIS STUB

VS 300  
Rev. 1/70

|   |  |  |  |  |
|---|--|--|--|--|
| DECEASED—NAME<br>FIRST MIDDLE LAST<br>Evalyn Josephine Cassity  |  | SEX<br>Fe  | DATE OF DEATH (MONTH, DAY, YEAR)<br>July 14 1971 |  |
| 1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)<br>White  |  | AGE—LAST BIRTHDAY (YEARS)<br>49  | UNDER 1 YEAR<br>MOS. DAYS<br>5b. 5c.             | DATE OF BIRTH (MONTH, DAY, YEAR)<br>Feb. 28 1922   |
| 4. CITY, TOWN, OR LOCATION OF DEATH<br>Brookfield   |  | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)<br>Pershing Hospital             |  |  |
| 7b. STATE OF BIRTH (IF NOT IN U.S.A., NAME OF COUNTRY)<br>Missouri  |  | 9. CITIZEN OF WHAT COUNTRY<br>USA  |  | 11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)<br>Earl Cassity   |
| 8. SOCIAL SECURITY NUMBER<br>497 30 8375  |  | 13b. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, WHEN IT RETIRED)<br>Housewife       |  | 13c. KIND OF BUSINESS OR INDUSTRY<br>Home  |
| 12. RESIDENCE—STATE<br>Mo   |  | 14b. COUNTY<br>Linn  | 14c. CITY, TOWN, OR LOCATION<br>Browning         |  |
| 14d. FATHER—NAME<br>Earl  |  | 15. FIRST MIDDLE LAST<br>Moore   | 16. MOTHER—MAIDEN NAME<br>Daisey Miller          |  |
| 17. INFORMANT—NAME<br>Earl Cassity  |  | 18. MAILING ADDRESS<br>Browning Mo   |  |  |
| PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))  |  |  |  |  |
| 18. IMMEDIATE CAUSE<br>(a) Cerebral hemorrhage<br>DUE TO, OR AS A CONSEQUENCE OF:<br>(b) Hypertension<br>DUE TO, OR AS A CONSEQUENCE OF:<br>(c)   |  |  |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH<br>10 hours<br>11 years   |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)  |  |  |  |  |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)  |  | DATE OF INJURY (MONTH, DAY, YEAR)<br>7b.   | HOUR<br>20c.                                     | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)   |
| 20a. INJURY AT WORK (SPECIFY YES OR NO)   |  | 20b. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)<br>20f.                      |  | 20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)  |
| 21a. CERTIFICATION—PHYSICIAN:<br>I ATTENDED THE DECEASED FROM<br>1968 TO 1971   |  | 21c. AND LAST SAW HIM/HER ALIVE ON<br>MONTH DAY YEAR<br>7 14 71  |  | 21d. I DID NOT VIEW THE BODY AFTER DEATH.<br>21e. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. |
| 22a. 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. |  | 22b. THE DECEDENT WAS PRONOUNCED DEAD<br>MONTH DAY YEAR<br>7 14 71   |  |  |
| 23a. CERTIFIER—NAME (TYPE OR PRINT)<br>B D Howell   |  | 23b. SIGNATURE<br>B D Howell   |  | 23c. DATE SIGNED (MONTH, DAY, YEAR)<br>7-19-71   |
| 23d. MAILING ADDRESS—CERTIFIER  |  | 23e. STREET OR R.F.D. NO., CITY OF TOWN, STATE<br>Brookfield Mo 64628  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (SPECIFY)<br>Burial   |  | 24b. CEMETERY OR CREMATORY—NAME<br>Enterprise  |  | 24c. LOCATION<br>Browning Rural Mo   |
| 24d. DATE<br>7 17 1971  |  | 24e. FUNERAL HOME—NAME AND ADDRESS<br>Wade Funeral Home<br>24f. R.F.D. NO., CITY OF TOWN, STATE<br>Browning Mo |  |  |
| 25a. FUNERAL DIRECTOR—SIGNATURE<br>Gerald I. Wade   |  | 25b. REGISTRAR—SIGNATURE<br>Gemma Watson   |  | 25c. DATE RECEIVED BY LOCAL REGISTRAR<br>7-25-71   |

DECEASED

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. 1  
10a. 49  
10b.  
11. 0  
12. 1  
13. 4310  
14.  
15. 4  
16.  
17.  
18. 0  
19. CREDITS  
20. 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

*Gerald T. Mad*

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.

*Howell*