

FILED AUG 30 1971
DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)
CERTIFICATE OF DEATH

STATE FILE NUMBER
124 71 0030807

DO NOT WRITE
ON THIS STUB

9. 1
10a. 84
10b.
11. 0
12. 2
13. 4109
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

VS 300
Rev. 1/70

DECEASED

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

PARENTS

CAUSE

CERTIFIER

BURIAL

Registration District No. <u>1</u>		Primary Registration District No. <u>3000</u>		Registrar's No. <u>231</u>	
DECEASED—NAME FIRST MIDDLE LAST <u>CLORE</u> <u>CASSITY</u>			SEX <u>FE</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>AUG 17 1971</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <u>W</u>		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS <u>84</u>	UNDER 1 YEAR HOURS MIN <u>12</u> <u>18</u>	DATE OF BIRTH (MONTH, DAY, YEAR) <u>MAR 12 1887</u>	
CITY, TOWN, OR LOCATION OF DEATH <u>KIRKSVILLE</u>		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>GRIM-SMITH HOSPITAL</u>		COUNTY OF DEATH <u>ADAIR</u>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <u>MO</u>		CITIZEN OF WHAT COUNTRY <u>USA</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>WIDOWED</u>	
SOCIAL SECURITY NUMBER <u>UNAVAILABLE</u>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <u>HOUSEWIFE</u>		KIND OF BUSINESS OR INDUSTRY <u>—</u>	
RESIDENCE—STATE <u>MO</u>		COUNTY <u>LINN</u>	CITY, TOWN, OR LOCATION <u>PURDIN</u>	INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>YES</u>	STREET AND NUMBER <u>—</u>
FATHER—NAME FIRST MIDDLE LAST <u>SAMSON</u>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST <u>JEANNETTE GIBSON</u>			
INFORMANT—NAME <u>TUTTY REED</u>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>PURDIN MO</u>			
PART I. DEATH WAS CAUSED BY:					
18. IMMEDIATE CAUSE <u>Coronary thrombosis</u>					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
DUE TO, OR AS A CONSEQUENCE OF:					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (10), STATING THE UNDERLYING CAUSE LAST					
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH IF NOT RELATED TO CAUSE GIVEN IN PART I (10)					
<u>Cholecystitis and cholelithiasis.</u>					AUTOPSY (YES OR NO) <u>No</u>
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) <u>—</u>		DATE OF INJURY (MONTH, DAY, YEAR) <u>8-11-71</u>	HOUR <u>—</u>	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) <u>—</u>	
INJURY AT WORK (SPECIFY YES OR NO) <u>—</u>		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) <u>—</u>	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) <u>—</u>	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS <u>20h</u> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> U.S.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <u>8-11-71</u> TO <u>8-17-71</u>		AND LAST SAW HIM/her ALIVE ON <u>8-17-71</u>		I DID/DID NOT VIEW THE BODY AFTER DEATH. <u>Did</u>	
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 <u>—</u>		THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR <u>—</u> <u>—</u> <u>—</u> <u>12:30</u>	
CERTIFIER—NAME (TYPE OR PRINT) <u>Milton T. English, M. D.</u>		SIGNATURE <u>Milton T. English</u>		DATE SIGNED (MONTH, DAY, YEAR) <u>8-23-71</u>	
MAILING ADDRESS—CERTIFIER <u>2902 N. Baltimore, Kirksville, Mo. 63501</u>		CITY OR TOWN <u>—</u>		STATE <u>—</u>	
BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		CEMETERY OR CREMATORY—NAME <u>PURDIN</u>		LOCATION <u>PURDIN</u>	
DATE <u>AUG 19 1971</u>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>ROBERT FUNERAL HOME MILAN MO 63550</u>		FURNAL DIRECTOR—SIGNATURE <u>—</u>	
REGISTRAR—SIGNATURE <u>—</u>		DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 25 1971</u>			

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

Postmarked Aug 17, 1971

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 _____

Licensed Embalmer No. 3752

P. O. Address _____

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.