

124 72 014241

CERTIFICATE OF DEATH

JUN 30 1972 383-
Registration District No.

Primary Registration District No. 3038

Registrar's No. 135

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/70

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Ben Nolan Cassity					2. Male	3. June 13 1972	
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5. 57		6. 57	7. Jan 5 1915		8. 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)			
9. Brookfield		10. Yes		11. Pershing Hosp			
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)	
12. Missouri		13. USA		14. Divorced		15.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
16. 496 03 4330		17. Retired		18. Pilot Army Air Force			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		
19. Mo		20. Linn	21. Purdin		22. Yes		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
23. Cecil L Cassity					24. M Faith Hisel		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
25. M Faith Cassity				26. Purdin Missouri			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1. IMMEDIATE CAUSE		2. (a) Cardiac arrest					Acute
DUE TO, OR AS A CONSEQUENCE OF:		3. (b) Cor pulmonale					2 wks
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		DUE TO, OR AS A CONSEQUENCE OF:					20 yrs
4. (c) Emphysema							
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
5. Peripheral vascular insufficiency arteriosclerosis		6. No					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)			
27. —		28. —	29. —	30. —			
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			
31. —		32. —	33. —	34. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
35. 9 6 67 TO 6-12-72		36. 9	37. 6	38. 12-72	39. 6-12-72	40. Yes	41. 3:30 a.m.
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		YEAR	
42. —		43. —		44. —		45. —	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
46. John R. Dixon		47. [Signature]		48. M.D.		49. 6-17-72	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
50. 125 East Lockling Avenue, Brookfield, Missouri		51. —		52. —		53. 64628	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		STATE	
54. Burial		55. Purdin		56. Purdin Mo		57. —	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP			
58. 6 15 1972		59. Wade Funeral Home		60. Browning Mo			
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
61. Gerald T. Wade		62. Anne Watson		63. 6-16-72			

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

6.10.1978

PARENTS

CAUSE

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

26-9-7
JUL 5 1972
JUL 11 1972

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 Herald I Wade

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.