

FILED JUN 3 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER
68 0019642

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 201

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

DECEASED

PARENTS

CAUSE

CERTIFIER

BUR

| | | | |
|--|--|--|--|
| DECEASED—NAME FIRST MIDDLE LAST | | SEX | DATE OF DEATH (MONTH, DAY, YEAR) |
| 1. DETTIE LEORA CASSIDY | | FEMALE | MAY 27-1968 |
| 2. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | 3. AGE—LAST BIRTHDAY (YEARS) MOS. DAYS | 4. DATE OF BIRTH (MONTH, DAY, YEAR) | 5. COUNTY OF DEATH |
| White | 67 | OCT 30 1900 | Cole |
| 6. CITY, TOWN, OR LOCATION OF DEATH | | 7. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | |
| JEFFERSON CITY | | Memorial Hospital | |
| 8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | 9. CITIZEN OF WHAT COUNTRY | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | 11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) |
| Missouri | U.S.A. | Widowed | Deceased. |
| 12. SOCIAL SECURITY NUMBER | 13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | 14. KIND OF BUSINESS OR INDUSTRY | |
| 494-22-1194 | Factory Worker | | |
| 15. RESIDENCE—STATE | 16. COUNTY | 17. CITY, TOWN, OR LOCATION | 18. INSIDE CITY LIMITS (SPECIFY YES OR NO) |
| Missouri | Moniteau | California | Yes |
| 19. FATHER—NAME FIRST MIDDLE LAST | | 20. MOTHER—MAIDEN NAME FIRST MIDDLE LAST | |
| JAMES S Russell | | Nancy Amy Farmer | |
| 21. INFORMANT—NAME | | 22. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | |
| Lloyd Cassidy | | California | |
| 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 | | | |
| (a) Acute Coronary thrombosis | | | Imm |
| (b) Arteriosclerotic Heart Disease | | | |
| (c) | | | |
| 2. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | 3. AUTOPSY (YES OR NO) |
| Diabetes Mellitus, Chronic pyelonephritis | | | No |
| 4. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | 5. DATE OF INJURY (MONTH, DAY, YEAR) | 6. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1b) | 7. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH |
| | | | No |
| 8. INJURY AT WORK (SPECIFY YES OR NO) | 9. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | 10. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | |
| | | | |
| 11. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM | 12. MONTH DAY YEAR | 13. AND LAST SAW HIM HER ALIVE ON | 14. MONTH DAY YEAR |
| 1966 | 5 27 68 | 5 27 68 | 6 00 P M |
| 15. 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. | | 16. THE DECEASED WAS PRONOUNCED DEAD | 17. MONTH DAY YEAR HOUR |
| | | | |
| 18. CERTIFIER—NAME (TYPE OR PRINT) | 19. SIGNATURE | 20. DEGREE OR TITLE | 21. DATE SIGNED (MONTH, DAY, YEAR) |
| S. S. Sanders | [Signature] | MD | 5/31/68 |
| 22. MAILING ADDRESS—CERTIFIER | | 23. STREET OR R.F.D. NO. | 24. CITY OR TOWN |
| | | Jefferson City | Mo. |
| 25. BURIAL, CREMATION, REMOVAL (SPECIFY) | 26. CEMETERY OR CREMATORY—NAME | 27. LOCATION | 28. CITY OR TOWN |
| Burial | City Cemetery | California | Mo |
| 29. DATE (MONTH, DAY, YEAR) | 30. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | |
| 5-29-1968 | Williams Funeral Home | | |
| 31. FUNERAL DIRECTOR—SIGNATURE | 32. REGISTRAR—SIGNATURE | 33. DATE RECEIVED BY LOCAL REGISTRAR | |
| [Signature] | [Signature] | 6-1-68 | |

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

19-21-9

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 Hugh E Williams

Licensed Embalmer No. 3537

P. O. Address California Mo

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.