

FILED VS JUL 20 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-025993

STATE FILE NUMBER

Registration District No. 224

Primary Registration District No. 8046

Registrar's No. 70

81  
S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>MONITEAU</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONITEAU</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Calitornia</b>		c. CITY OR TOWN <b>Calitornia</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1</b>		d. STREET ADDRESS (If outside, give location) <b>068</b>	
3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>AUSTIN</b> Last <b>CASSIDY</b>		4. DATE OF DEATH Month <b>July</b> Day <b>14</b> Year <b>1959</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov 15 1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>No</b>	9. AGE (In years last birthday) <b>73</b>
11. BIRTHPLACE (City and state or country) <b>Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James Washington Cassidy</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Ann Phelps</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-12-4417</b>	
17. INFORMANT <b>DETTIE Cassidy</b>		14. NAME OF HUSBAND OR WIFE <b>DETTIE Russell Cassidy</b>	
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, general &amp; cerebral</b> DUE TO (c) <b>332X</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b> <b>3+ years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic Myocarditis with myocardial degeneration</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>California, Moniteau, Mo</b>	
21. I attended the deceased from <b>7-7-59</b> , to <b>7-14-59</b> and last saw him alive on <b>7-14-59</b> Death occurred at <b>12:40 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>R B Phelps, M.D.</b>	
22b. ADDRESS <b>California, Mo</b>		22c. DATE SIGNED <b>7-15-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7-16-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CITY Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>California Mo.</b>
24. FUNERAL DIRECTOR <b>Hugh E. Williams</b>		25. DATE RECD. BY LOGAL REG. <b>7/16/59</b>	
26. REGISTRAR'S SIGNATURE <b>R B Phelps</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

### 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.