

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36491

State File No. _____

Registrar's No. 272

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>272</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole County Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		<u>0681</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Juanita</u>		b. (Middle) <u>Alene</u>		c. (Last) <u>Cassidy</u>	
4. DATE OF DEATH		(Month) <u>Dec.</u>		(Day) <u>7--</u>		(Year) <u>1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. NEVER <u>never</u> MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Oct. 26-1936</u>	
9. AGE (In years last birthday) <u>14</u>		10. MONTHS <u>1</u>		11. DAYS <u>23</u>		12. HOURS <u>1</u> MIN. <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) <u>Miller Co. Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Jas. A. Cassidy</u>		13b. MOTHER'S MAIDEN NAME <u>Dettie Russell</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>J. A. Cassidy</u> ADDRESS <u>California, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic glomerular nephritis with hypertension</u> ANTECEDENT CAUSES <u>with terminal uremia</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>598 X</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) <u>California</u> (COUNTY) <u>Moniteau</u> (STATE) <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>11-20</u> , 19 <u>50</u> , to <u>12-4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-4</u> , 19 <u>50</u> , and that death occurred at <u>11 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R.P. Norris</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>12-7-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/9/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>California Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 7-1950</u>		REGISTRAR'S SIGNATURE <u>R.P. Norris MD-778</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Williams Funeral Home</u> ADDRESS <u>California</u>		MO. <u>California</u>	

(Licensed Embalmer's Statement on Reverse Side)

MO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12-11-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12-11-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

McFriedmeyer

Signed.....
Student Embalmer

Licensed Embalmer No. 2854

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 this body is not embalmed, fact should be so stated above.