

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 27 1960

-60-045510

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 440

INDEXED

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>COOPER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>JEFFERSON CITY</u>		c. CITY OR TOWN <u>PRAIRIE HOME</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MEMORIAL COMMUNITY Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>EUGENE</u> Last <u>CASSIL</u>			4. DATE OF DEATH Month <u>12</u> Day <u>22</u> Year <u>1960</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-5-1909</u>	9. AGE (last birthday) <u>51 yrs</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF EMPLOYED</u>		11. BIRTHPLACE (City and state of country) <u>Lupus, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOHN CASSIL</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE HAMPTON</u>	
14. NAME OF HUSBAND OR WIFE <u>LOIS SCHERIFF</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>MRS. LOIS CASSIL - PRAIRIE HOME MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pyelonephritis, acute</u> DUE TO (b) <u>Intestinal Obstruction with 3 days</u> DUE TO (c) <u>Portal Vein thrombosis 1 week</u> <u>Gastric resection 1 mo.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Gastric hemorrhage (11-23-60) with shock</u>		PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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 <u>10:40 P.</u> a.m. <u>10:40 P.</u> p.m. <u>10:40 P.</u>	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 <u>Jefferson City, Mo.</u>	

21. I attended the deceased from <u>11-23-1960</u> to <u>12-22-60</u> and last saw her alive on <u>12-22-60</u> Death occurred at <u>10:40 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Tendall G. Clark, M.D.</u>	22b. ADDRESS <u>Jefferson City, Mo.</u>
22c. DATE SIGNED <u>12-23-60</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Dec. 25, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>California Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>California, Mo.</u>
24. FUNERAL DIRECTOR <u>Albert Hornbeck</u> <u>Prairie Home, Mo.</u> <u>Tanner F. Home - Farm.</u>		25. DATE RECD. BY LOCAL REG. <u>26 December 1960</u>	
26. REGISTRAR'S SIGNATURE <u>R. P. Norris</u>		27. REGISTRAR'S SIGNATURE <u>R. P. Norris</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Braun Home

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.