

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 9958  
2706  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 9958 2706			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo</i>		c. LENGTH OF STAY (In this place) <i>27 da.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Olmitz</i>		<i>8150 8</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo. Pac. Hosp.</i>				d. STREET ADDRESS (If rural, give location) <i>None</i>					
3. NAME OF DECEASED (Type or Print) <i>JAY</i>			a. (First)		b. (Middle) <i>Hollis Cassingham</i>		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <i>3 22 51</i>		5. SEX <i>Male</i>		6. COLOR OF RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <i>Married 10/27/11</i>		8. DATE OF BIRTH <i>11/9/92</i>	
9. AGE (In years last birthday) <i>58</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Section foreman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Mo. Pac. R. R. Co.</i>		11. BIRTHPLACE (State or foreign country) <i>Lyons, Kansas</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>Wm. Cassingham</i>			13b. MOTHER'S MAIDEN NAME <i>Ella Mae Smith</i>			14. NAME OF HUSBAND OR WIFE <i>Elizabeth Ainsworth</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes World War I</i>			16. SOCIAL SECURITY NO. <i>?</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Elizabeth Ainsworth Cassingham, Olmitz,</i>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertensive Cardiovascular disease</i>						<i>yes</i>	
		ANTECEDENT CAUSES							
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>disease</i>							
		DUE TO (c) <i>Arteriole nephrosclerosis</i>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H-H-3X</i>					
22. I hereby certify that I attended the deceased from <i>2-23, 1951</i> , to <i>3-22, 1951</i> , that I last saw the deceased alive on <i>3-22, 1951</i> , and that death occurred at <i>11:50 p.m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Robert A. Huckstep M.D.</i>				23b. ADDRESS <i>1755 So. Grand</i>			23c. DATE SIGNED <i>3-22-51</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3/24/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Lyons Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Lyons, Kansas</i>			
DATE REC'D BY LOCAL REG. <i>MAR 23 1951</i>		REGISTRAR'S SIGNATURE <i>J. B. Lanster</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Ambruster Mortuary, 6633 Clayton Rd.</i>				

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

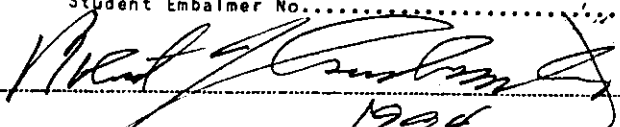
STATEMENT BY LICENSED EMBALMER

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.....



Signed.....

Student Embalmer

Licensed Embalmer No. 1994

P. O. Address.....

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.