

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36491

State File No. _____

264

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 272

| | | | |
|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cole County Missouri</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Jefferson City</u> | | c. LENGTH OF STAY (In this place) | |
| c. CITY (If outside corporate limits, write RURAL and give township) | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u> | | e. CITY OR TOWN <u>California</u> | |
| 3. NAME OF DECEASED (Type or Print) | | 4. DATE OF DEATH (Month) (Day) (Year) | |
| a. (First) <u>Juanita</u> | | b. (Middle) <u>Alene</u> | |
| c. (Last) <u>Cassidy</u> | | Dec. 7--1950 | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>Oct. 26-1936</u> |
| 9. AGE (In years last birthday) <u>14</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u> | 11. BIRTHPLACE (State or foreign country) <u>Miller Co. Missouri</u> |
| 12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u> | | 13. KIND OF BUSINESS OR INDUSTRY | |
| 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) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic glomerular nephritis with hypertension</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> | |
| ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | | DUE TO (b) <u>with terminal uremia</u> | |
| DUE TO (c) | | II. OTHER SIGNIFICANT CONDITIONS <u>598 X</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) (COUNTY) (STATE) <u>California Moniteau Mo</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 M.D.</u> (Degree or title) | | 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> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Williams Funeral Home</u> ADDRESS <u>California Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Dec 7-1950</u> | | REGISTRAR'S SIGNATURE <u>R.P. Norris M.D. - M.P.S.</u> | |

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.