

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22976

3152

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph's Hosp. | | d. STREET ADDRESS (If rural, give location) 341 So Brighton | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) WORDIC b. (Middle) MARK c. (Last) CASSITY | | | 4. DATE OF DEATH (Month) (Day) (Year) 7/22/51 | | |
| 5. SEX Male | | 6. COLOR OR RACE Wh | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Sid | |
| 8. DATE OF BIRTH 4/7/1876 | | 9. AGE (In years last birthday) 75 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ways foreman | |
| 10b. KIND OF BUSINESS OR INDUSTRY G M & O Ry | | 11. BIRTHPLACE (State or foreign country) Mt. Vernon, Mo | | 12. CITIZEN OF WHAT COUNTRY? 0 | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME Lindolf Glover Cassity | | 13b. MOTHER'S MAIDEN NAME Elisa Henshaw | | 14. NAME OF HUSBAND OR WIFE Gilford Co., No. Carolina | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. NO | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wordis Cassity, 341 So Brighton | |

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|---|--|---|--|--|--|
| 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) Acute cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) carcinomatosis DUE TO (c) probably from large bowel II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH one day 2 months 153X | |
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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION 6-26-51 | | 19b. MAJOR FINDINGS OF OPERATION metastatic carcinoma as found in strangulated hernia | | 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) (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 **6-19-1951**, to **7-22-1951**, that I last saw the deceased alive on **7-22-1951**, and that death occurred at **1:25 P. m.**, from the causes and on the date stated above.

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|--|--|--|--|---|--|
| 23a. SIGNATURE Thos. C. Mc Hale M.D. | | 23b. ADDRESS 4620 Judas Ave. #21, Mo | | 23c. DATE SIGNED 7-23-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7/24/51 | | 24c. NAME OF CEMETERY OR CREMATORY City Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Higginville, Mo | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P Sheil K C Mo | | | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 7-24-51 | | REGISTRAR'S SIGNATURE Geraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P Sheil K C Mo | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Nov 24 6 30 a.m.
after 1 P.M. Now.

NOV 16 1952

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 Richard E. Carroll

Signed.....
Student Embalmer

Licensed Embalmer No. 4829

P. O. Address A C 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.