

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give town) RURAL ST. FRANCOIS TWP.		c. CITY (If outside corporate limits, write RURAL and give township) Farmington Rural	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) R.R. #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION RR #1			

3. NAME OF DECEASED (Type or Print) Andrew	a. (First)	b. (Middle) Kassa	c. (Last) baum	4. DATE OF DEATH (Month) (Day) (Year) April 28, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 5, 1888	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 2 Days 23	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	10b. KIND OF BUSINESS OR INDUSTRY Retired Miner	11. BIRTHPLACE (State or foreign country) Minna Motte, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henny Kassabaum	13b. MOTHER'S MAIDEN NAME Minnie Schmidt	14. NAME OF HUSBAND OR WIFE Donia Kassabaum
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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. 493-03-8667	17. INFORMANT'S SIGNATURE OR NAME Mrs. Donia Kassabaum, Farmington, Mo.	ADDRESS Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 year 42 1/4 2 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Endo Carditis + myo carditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetic Mellitus			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE	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) (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 **April 19, 1950** to **April 28, 1950**, that I last saw the deceased alive on **April 18, 1950**, and that death occurred at **1:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Stanley P. ...	(Degree or title)	23b. ADDRESS Farmington, Mo.	23c. DATE SIGNED 5/29/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/30/50	24c. NAME OF CEMETERY OR CREMATORY K-P Cemetery	24d. LOCATION (City, town, or county) (State) Farmington, Mo.
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DATE REC'D BY LOCAL REG. May 6, 1950	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Miller Funeral Home, Farmington, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

940

RECEIVED

MAY 8 1959

DISTRICT HEALTH OFFICE No. 4

File No. 550-668

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Paul K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington, N.H.

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.