FILED MAR 14 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8272
Do not use this space.

1. PLACE OF DEATH
(a) County SCHUYLER ✓ Registration District No. 805
(b) Township Primary Registration District No. 4484 Registered No. 81
(c) City LANCASTER 0 (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
23 9

2. PRINT FULL NAME PRINICE CASTEEL
(a) Residence, No. LANCASTER, MO. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 28, 1926

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	13	9	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. school boy
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCHUYLER CO., MO 0

FATHER
13. NAME JOE H. CASTEEL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCHUYLER CO. MO. 0

MOTHER
15. MAIDEN NAME OPAL EPPLEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCHUYLER CO. MO. 0

17. INFORMANT J. H. Casteel
(ADDRESS) Lancaster, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE I. O. O. F. Cem. DATE FEB 27 1940

19. FUNERAL DIRECTOR (NAME) Morehead's
(ADDRESS) Lancaster, Mo.

20. FILED 2/28 1940 Bysdick Drake
Deputy Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1940, to Feb 25, 1940
I last saw h ✓ alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:45 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Gun-shot wound through heart and lung — 22 rifle

Other contributory causes of importance:

154

Name of operation ✓ Date of
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 25, 1940
Where did injury occur? Lancaster, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public highway
Manner of injury Gunshot
Nature of injury Penetration of heart & lung

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. V. D. Vanney Coroner, M. D.
(Address) Downing, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 X14028

RECEIVED
District Health Officer No. 10
District File Number 3-40-578
Date Filed MAR 8 1940

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, ...

True & Minnie Morehead, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Morehead's

Licensed Embalmer No. 3731-3680

P. O. Address Lancaster 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, above space should be left blank.