

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

AUG 16 1940
Registration District No. 39

Primary Registration District No. 5-5-96

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Rural Greensburg Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 50 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox

(c) City or town Rural Greensburg Twp
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Bessie Costello

3. (b) If veteran, _____ **3. (c) Social Security** _____
name war No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 28
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 26, 1940 to July 28, 1940
that I last saw her alive on July 26 and that death occurred on the date and hour stated above.

4. Sex F **5. Color or race** W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Victorick Costello **6. (c) Age of husband or wife if** 84
alive years

7. Birth date of deceased Dec 9 1862
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Due to Extreme Heat of W

Due to _____

Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>6</u>	<u>19</u>	hr. _____ min.

9. Birthplace Virginia Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Owen Tully

13. Birthplace Virginia Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Farley

15. Birthplace Virginia Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rose Costello

(b) Address Baring, Mo.

17. (a) Burial **(b) Date thereof** July 29 1940
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem.

18. (a) Signature of funeral director Frank J. Frigghouse

(b) Address St. Louis, Mo.

19. (a) July 29 1940 **(b)** Mrs. C. M. Smith
(Date received local registrar) (Registrar's signature)

Major findings:

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 395
(Specify type of place) (e) Means of injury

23. Signature J. S. Luman (M. D. or other)

Address Edwin Mo **Date signed** July 27/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

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.

1 X1931

RECEIVED

District Health Officer No. 10

District File Number 8-40-1541

Date Filed AUG 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, or by.....

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

Signed Paul C. Kriegshauser
Licensed Embalmer No. 4085
P. O. Address Edina, 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.