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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1942

Registration District No. 420

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5574

State File No. 11088

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: Route 1, DeSoto. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not in Hospital (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 050 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1, DeSoto
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME HILLIARD H. CASTILE

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary Lee Castile

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Dec. 23, 1850
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 20 If less than one day ___ hr. ___ min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Martha Robertson
(b) Address Route 1 — DeSoto Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation DeSoto, Mo. (City)

18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto, Mo.

19. (a) 3-16-42 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1942 hour 10 minute 20 a.M.

21. I hereby certify that I attended the deceased from Feb 15th 1942 to March-10 1942
that I last saw him alive on March - 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation of heart — not known

Due to Arterial sclerosis — not known with gangrene of left

Due to foot not known

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 92 b

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Walter E. Gibson (M. D. or other) 3-14-42

Address De Soto Mo Date signed

387 (Licensed Embalmer's Statement on Reverse Side)

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 J. Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address DeSoto 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.