

FILED APR 2 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32836

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 6269 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>75 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>Ozark township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary Elizabeth</u>	b. (Middle) _____	c. (Last) <u>Casteel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-8-43</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>1858</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>X</u> Days <u>X</u>	IF UNDER 24 HRS. Hours <u>X</u> Min. <u>X</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hurst</u>	14. NAME OF HUSBAND OR WIFE <u>Charles E. Casteel</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ira Casteel-Marshfield, Mo.</u>	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pyonephrosis</u>		<u>Onset 6/27/43</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pyelitis - recurrent-</u>		<u>Onset 1933</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_, to Sept 8, 1943, that I last saw the deceased alive on Aug. 30, 1943, and that death occurred at 7A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C.R. Macdonell, M.D.</u>	23b. ADDRESS <u>Marshfield, Mo.</u>	23c. DATE SIGNED <u>Sept. 8, 1943</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-10-43</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Good Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Webster County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/30/57</u>	REGISTRAR'S SIGNATURE <u>J. Francis</u>	392	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alex Piney</u>	ADDRESS <u>Marshfield, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

Note: This certificate is made to replace one made and signed by me on Sept. 8, 1943, which was never filed in State Bd. of Health Div. of Vital Stat. for some unknown reason. C.R. Macdonell 9/29/51  
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1943  
85-  
185-8

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED MAR 31 1951

Dist. File 351-678

Date Filed 3-31-51

APR 2 1951

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 Tex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.