. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 10 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21749

Registration District No. 156 244 Primary Registration District No. 2001-5835 Registrar's No.

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Shoal Creek Township
(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
In this community: 12 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 47
(c) City or town: Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 2718 E. 8th St. 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country: No

3. (a) PRINT FULL NAME: I'Madene Casteel
3. (b) If veteran, name war: no
3. (c) Social Security No.: 498-28-5594

4. Sex: fem
5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August 6 (Month) 1929 (Day) (Year)

8. AGE: Years 17 Months 9 Days 14 If less than one day hr. min.

9. Birthplace: Picher Okla (City, town, or county) (State or foreign country)
10. Usual occupation: student
11. Industry or business:

FATHER
12. Name: Charles Casteel
13. Birthplace: McDonald County Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Stella White
15. Birthplace: Gainsville Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Stella Casteel
(b) Address: 2718 E. 8th St. Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/26/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Osborne Memorial Cem.
18. (a) Signature of funeral director: Hurlbut Und. Co.
(b) Address: Joplin Mo.
19. (a) 5-26-47 (Date received local registrar) (b) Joshua Lampkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 20, day 1947 year about hour 1:45 minute p M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw her alive on May 20 19 47; and that death occurred on the date and hour stated above.

Immediate cause of death: Burned to death when house was destroyed by fire

Due to:

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident 73
(b) Date of occurrence: May 20. 1947
(c) Where did injury occur? Near Joplin Newton Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
While at work? no (Specify type of place) (e) Means of injury: Burned
23. Signature: Corley Thompson (M. D. or other)
Address: O.R. Neosho Mo Date signed 5/20/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

47-6-515

JUN 8 1948

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 Percy K. Hurlbut

Licensed Embalmer No. 95-9

P. O. Address Joplin 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.

. No. 2B
M—3-45
1 X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21749

Registration District No. 244 V Primary Registration District No. 2835-V Registrar's No. 11

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Shoal Creek 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 years, months or days)

In this community 12 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jasper

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

(d) Street No. 2918 E 8th St (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Madena Casteel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug 6 1929 (Month) (Day) (Year)

8. AGE: Years 17 Months 9 Days If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business

FATHER 12. Name Charles Casteel

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

MOTHER 14. Maiden name Stella White

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

16. (a) Informant Stella Casteel

(b) Address Joplin

17. (a) (Burial, cremation, or removal) (b) Date thereof 5-26-47 (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial

18. (a) Signature of funeral director Hurlburt and Co.

(b) Address Joplin, Mo

19. (a) ~~5-26-47~~ (Date received by registrar) (b) Mrs. Allie Parnell (Registrar's signature)

Sept. 15-1949

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 20 year 1947 hour about minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Burned to death when house was destroyed by fire

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) accident

(b) Date of occurrence 5-20-47

(c) Where did injury occur? Near Joplin, Newton Mo (City or town) (County) (State)

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

While at work? No (e) Means of injury Burned

23. Signature Corley Thompson (M.D. or other)

Address Neosho, Mo Date signed 5/28/47

SUPPLEMENTARY

S-21749