

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25140**
Registrar's No. **2330**

FILED JUL 24 1947

Registration District No. **301** Primary Registration District No. **4450**

1. PLACE OF DEATH: *Ripley*

(a) County *Ripley*

(b) City or town *Doriphan mo.*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
none

(If not in hospital or institution, write street number or location)

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

In this community *61 years*
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Ripley*

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME *David B. Casteel*

3. (b) If veteran, name war _____

3. (c) Social Security No. *none*

4. Sex *Male*

5. Color or race *white*

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

6. (b) Name of husband or wife *Rosa Casteel*

6. (c) Age of husband or wife if alive *79* years

7. Birth date of deceased. *Dec. 30, 1863*
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<i>83</i>	<i>5</i>	<i>17</i>	_____ hr. _____ min.

9. Birthplace *Cap County, Mo.*
(City, town, or county) (State or foreign country)

10. Usual occupation *farming*

11. Industry or business _____

MOTHER FATHER { 12. Name *George Casteel*

13. Birthplace *unknown* 9
(City, town, or county) (State or foreign country)

14. Maiden name *unknown*

15. Birthplace *unknown* 9
(City, town, or county) (State or foreign country)

16. (a) Informant *L. H. Bennett*

(b) Address *Poplar Bluff mo.*

17. (a) *Burial* (b) Date thereof *6-18-1947*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Oak Ridge Cent.*

18. (a) Signature of funeral director *L. W. Edwards*

(b) Address *Doriphan mo.*

19. (a) *6-25-47* (b) *E. B. Johnston*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *June* day *17*
year *1947* hour *8* minute *30* A. M.

21. I hereby certify that I attended the deceased from *10 June*
1947 to *17 June* *1947*
that I last saw him alive on *17 June* *1947*
and that death occurred on the date and hour stated above.

Immediate cause of death *Arteriosclerotic Heart disease*

Duration _____

Due to _____

Due to _____

Other conditions *Gangrene*
(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) _____

(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature *Frank C. Johnson* (M. D. or other) *MD*

Address *Doriphan Mo.* Date signed *18 June 47*

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

