

FILED MAR 6 1948

Registration District No. **13**

Primary Registration District No. **3003**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Monett**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Vincente Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Entire life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **RR # 2** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **none**

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Duane Castor**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **none**

20. DATE OF DEATH: Month **Feb** day **10**
year **1948** hour **2** minute **5 A** M.

21. I hereby certify that I attended the deceased from **2/9** 19 **48** to **Feb 10** 19 **48**
that I last saw h. **—** alive on **Feb 10** 19 **48**
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Infant**
6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive **None** years
7. Birth date of deceased **February 8 1948**
(Month) (Day) (Year)

Immediate cause of death **Brain injury**
Due to **Auto Delivery injury**
Due to _____

8. AGE: Years _____ Months _____ Days **1** If less than one day **4** hr. _____ min.

9. Birthplace **Monett Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business **none**

12. Name **Lafe Castor**
13. Birthplace **Webster Co Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Lucille Gave**
15. Birthplace **Lape Fair Missouri**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy **160 B**

16. (a) Informant **Lafe Castor**
(b) Address **R. R. # 2, Monett Mo.**

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? _____

17. (c) **Burial** (b) Date thereof **Feb 10 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Maple Park Aurora Mo**

18. (a) Signature of funeral director **Callaway Funeral Home**
(b) Address **Monett Mo**

While at work? _____ (Specify type of place) (by Means of injury)
23. Signature **Frank R. West** (M. D. or other)
Address **Monett Mo** Date signed **2/10/48**

19. (a) **2-18-48** (b) **W. M. West**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 6,
District File Number 348-284
Date Filed MAR 4 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..... *David Nelson*

Licensed Embalmer No. 3898

P. O. Address..... *Providence, 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.