

FILED JAN 11 1949.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41194**

923

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

BIRTH NO.		REG. DIST. NO. 308		PRIMARY REG. DIST. NO. 6049		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY St Charles Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Femme Osage		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deziance		9 11	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deziance Mo 1				d. STREET ADDRESS (If rural, give location) Rural			
3. NAME OF DECEASED (Type or Print) Bessah Irene Castaio			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Dec. 25 1948	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 2-1862		9. AGE (In years last birthday) 86	10. MONTHS 1	11. DAYS 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) Home Duties		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) Howell 1170 9 9 U.S.A		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Fortunatus Castaio			13b. MOTHER'S MAIDEN NAME Feeby Bigelow		14. NAME OF HUSBAND OR WIFE Mitchel Castaio		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dwight Castaio Deziance Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death. (6)				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Regeneration INTERVAL BETWEEN ONSET AND DEATH 1 mo. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Diabetes Mellitus DUE TO (b) DUE TO (c) 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 type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? D			
22. I hereby certify that I attended the deceased from Nov. 1948 , to Dec 1948 , that I last saw the deceased alive on 12/23 , 19 48 , and that death occurred at 11 30 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H.C. W. Murray M.D.				23b. ADDRESS Wentzville, Mo.		23c. DATE SIGNED 12/27/48	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-28-48		24c. NAME OF CEMETERY OR CREMATORY Thomas Howell		24d. LOCATION (City, town, or county) (State) St Charles Co. Mo.	
DATE REC'D BY LOCAL REG. 12-28-48		REGISTRAR'S SIGNATURE 399 Mrs Viola Fleasmeier		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. E. Pitman Wentzville, Mo.			

12-28-48

11.00.517

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JAN 10 1949

NOV 26 1952

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 P. E. Altman

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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.