

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8305

State File No. ....

953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>			c. LENGTH OF STAY (In this place) <u>44 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY MO</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>931 N. MONROE</u>				d. STREET ADDRESS (If rural, give location) <u>931 N MONROE</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMIEL VONDE CASTEELE</u>			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>2-27-49</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 3-1881</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 11 MRS. Days	IF UNDER 11 MRS. Hours	IF UNDER 11 MRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Belgium</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>DO NOT KNOW</u>			13b. MOTHER'S MAIDEN NAME <u>DO NOT KNOW.</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA VONDE CASTEELE</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NONE</u>			16. SOCIAL SECURITY NO. <u>722-05-1376</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EMMA VON DE CASTEELE</u> ADDRESS <u>931 N. MONROE</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. . . . . 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. <u>no port permit</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Malum Inflection</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Natural</u>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title)			23b. ADDRESS <u>1034 Peoria Blvd</u>			23c. DATE SIGNED <u>2-28-49</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>3-2-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. CALVARY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, KANS.</u>				
DATE REC'D BY LOCAL REG. <u>3-1-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE <u>ASSANTONIO BROS</u>		ADDRESS <u>2117 NOEP. Blvd</u>			

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

**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.

Signed J. S. Walton.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 2744.....

P. O. Address H.C. 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.