

FILED AUG 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27177

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

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 368

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY Ottawa 991	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Picher 34	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 112 s. Connell Ave. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital 17			
3. NAME OF DECEASED a. (First) Elmer		b. (Middle) Ray	
c. (Last) Casteel		4. DATE OF DEATH (Month) (Day) (Year) August 20, 1949	
5. SEX Male D	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single ✓	8. DATE OF BIRTH October 7, 1948
9. AGE (In years last birthday) 10		IF UNDER 1 YEAR Months Days	
IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (State or foreign country) Picher Oklahoma		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ervin Casteel		13b. MOTHER'S MAIDEN NAME Juanita McGonigle	
14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Juanita Casteel Picher Oklahoma		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Enteritis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acute G.I. infection DUE TO (c) Dehydration. 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	
19c. 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)		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 8/20/1949, to 8/20/1949, that I last saw the deceased alive on 8/20/49, and that death occurred at 4 m., from the causes and on the date stated above.			
23a. SIGNATURE V. C. Newbark M.D.		23b. ADDRESS Joplin Mo.	
23c. DATE SIGNED 8/22/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-22-49	
24c. NAME OF CEMETERY OR CREMATOR A.G.R. Cemetery		24d. LOCATION (City, town, or county) (State) Miami Okla.	
DATE REC'D BY LOCAL REG. 8-22-49		REGISTRAR'S SIGNATURE Ed S. Jones	
25. FUNERAL DIRECTOR'S SIGNATURE O. A. Duffell		ADDRESS Galena Kansas	

RECEIVED 8-29-49

Jasper County Health Office

County File Number 49-8-657

Date Filed 8-29-49

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 *Howard E. Gibson*

Signed
Student Embalmer

Kansas Licensed Embalmer No. 2310

P. O. Address *Galena, Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.