

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11970

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>561</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			
c. LENGTH OF STAY (in this place) <u>44 yrs.</u>				d. STREET ADDRESS (If rural, give location) <u>3106 Olive Street</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3106 Olive Street</u>				d. STREET ADDRESS (If rural, give location) <u>3106 Olive Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Edward</u>		b. (Middle) <u>William</u>		c. (Last) <u>Castle</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>7,</u>		(Year) <u>1950</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, 1876</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Butcher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Store or Shop.</u>		11. BIRTHPLACE (State or foreign country) <u>Morrow County, Ohio.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Castle</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Pitman</u>		14. NAME OF HUSBAND OR WIFE <u>Martha A. Castle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-09-1939</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. E. Gruit</u> ADDRESS <u>St. Joseph, Mo.</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>Melastatic Carcinoma</u>		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of RECTUM</u>					4 MO
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)					1 1/2
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					154X
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?			
22. I hereby certify that I attended the deceased from <u>23 April 1950</u> , to <u>7 May 1950</u> , that I last saw the deceased alive on <u>2 May 1950</u> , and that death occurred at <u>9:20P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward Castle</u> (Degree or title)				23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>8 May 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 9, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>May 12, 1950</u>		REGISTRAR'S SIGNATURE <u>E. E. Jenkins</u> 382		25. FUNERAL DIRECTOR'S SIGNATURE <u>Statter Meierhoffer</u>		ADDRESS <u>1946 Colho un St. St. Joseph, Mo.</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 \*\*\*\*\*

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Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Albert C. Harrington*

4413

Licensed Embalmer No. 3258 Missouri.

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Signed.....

Student Embalmer

P. O. Address St. Joseph, Missouri.

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.