

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13964

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 265 PRIMARY REG. DIST. NO. 6292 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <b>Ozark</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ozark</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Longrun, R, Thornfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Longrun, Rural, Thornfield</b>	
c. LENGTH OF STAY (If this place) <b>66</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charley</b> b. (Middle) <b>Kastning</b> c. (Last) <b>Kastning</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-11-50</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5-25-83</b>	9. AGE (In years last birthday) <b>66</b>	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Farmowner</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Ozark County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>J. William Kastning</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Shanks</b>	14. NAME OF HUSBAND OR WIFE <b>Myrtle R. Lance Kastning</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Elna Sallee Longrun, Mo.</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH  <b>4201</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart. Artificial Valvular Aortic</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3-23**, 19**50**, to **4-11**, 19**50**, that I last saw the deceased alive on **3-23**, 19**50**, and that death occurred at **8:15A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>D. C. P. ...</b>	(Degree or title)	23b. ADDRESS <b>Ava Mo.</b>	23c. DATE SIGNED <b>4-13-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-14-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Thornfield</b>	24d. LOCATION (City, town, or county) (State) <b>Thornfield, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>4-21-50</b>	REGISTRAR'S SIGNATURE <b>Mae Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Clinkingbeard Funeral Home, Ava, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED APR 27 1950

District Health Office No. 6,

District File Number 450-489

Date Filed 4-27-50

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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

*Charles R. Fish*

Licensed Embalmer No. 4662

P. O. Address Ava, Md.

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.