

THE DIVISION OF HEALTH OF MISSOURI
 FILED JUN 6 1950 STANDARD CERTIFICATE OF DEATH

State File No. **15825**

BIRTH NO. _____ REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **5072** Registrar's No. **38**

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| 1. PLACE OF DEATH a. COUNTY Barton | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton | |
| b. CITY (If outside corporate limits, write RURAL and give township) Golden City Newport Twp. 5 yr | | c. CITY (If outside corporate limits, write RURAL and give township) Golden City Rural Newport Twp. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) 6 mi. N. Golden City, Mo. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Adelade c. (Last) Kastner | | | 4. DATE OF DEATH (Month) (Day) (Year) May 26 1950 | | |
|---|--|--|--|--|--|

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|----------------------|-------------------------------|---|-------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 4, 1875 | 9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 MIN. Hours | IF UNDER 1 MIN. Min. |
|----------------------|-------------------------------|---|-------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS/OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Blairsville, Ga. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE A.C. Kastner |
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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) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Efton Owens ADDRESS Golden City, Mo. |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Diabetes Mellitus | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | 260X |

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|------------------------|----------------------------------|---|
| 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) (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 **Feb 18, 1948**, to **May 25, 1950**, that I last saw the deceased alive on **May 25, 1950**, and that death occurred at **6:15** m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Raymond G. Carlson | 23b. ADDRESS 207 Golden City, Mo. | 23c. DATE SIGNED 5-27-50 |
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|--|-------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE May 29, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Wise Hill Cem. | 24d. LOCATION (City, town, or county) (State) Christian Co. Mo. |
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|---|---|---|
| DATE REC'D BY LOCAL REG. MAY 31 1950 | REGISTRAR'S SIGNATURE Moale Kaye | 25. FUNERAL DIRECTOR'S SIGNATURE Phillips Funeral Home ADDRESS Golden City, Mo. |
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25. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 3 1950

District Health Office No. 6,

District File Number 658-638

Date Filed 6-3-50

JUN 29 1950

JUN 14 1950

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..... *H. H. Rugh*.....

Licensed Embalmer No. 3278

P. O. Address Golden City, Mo.

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.