

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1809

State File No.

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 6

0520
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Moyp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Moyp.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Edina</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Edina, 0520</u>	
c. LENGTH OF STAY (in this place) <u>1 year</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hepler Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Castello</u> c. (Last) <u>Castello</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-5-1952</u>		
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 23, 1863</u>	9. AGE (In years last birthday) <u>88-7-13</u>	10. USUAL OCCUPATION (Give kind of work done during normal working life, if retired) <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Franklin County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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10a. USUAL OCCUPATION (Give kind of work done during normal working life, if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Passenger</u>	11. BIRTHPLACE (State or foreign country) <u>Franklin County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Timothy Castello</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Fitzgerald</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</u>
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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) <u>no.</u>	16. SOCIAL SECURITY NO. <u>no.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virgil Castello</u>	ADDRESS <u>Edina Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Biliary calculi</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 Days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>senility</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	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 <u>584X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Jan 22, 1952, to Feb 5, 1952, that I last saw the deceased alive on Feb 5, 1952, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. W. K. Green</u>	(Degree or title) <u>D.O.V.</u>	23b. ADDRESS <u>Edina, Missouri</u>	23c. DATE SIGNED <u>2/7/52</u>
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24a. BURIAL INFORMATION, REGISTERED (Specify)	24b. DATE <u>Feb. 7-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>Edina, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 8-52</u>	REGISTRAR'S SIGNATURE <u>Helle S Humolt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Helle's Funeral Home</u>	ADDRESS <u>Edina, Mo.</u>
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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 Richard B. Kelly

Licensed Embalmer No. 44908

P. O. Address Elena, 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.