

MO AUG 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27975**
3651

BIRTH NO.		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. 3651		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Sedgwick</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>11 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wichita</u>		8150 X 8		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Hospital Medical Center</u>				d. STREET ADDRESS (If rural, give location) <u>225 Patton Drive</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>C</u> c. (Last) <u>Castor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-15-52</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>11-13-1888</u>		9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>		
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri (Vernon)</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>James J. Castor</u>		
13b. MOTHER'S MAIDEN NAME <u>Sallie M. Price</u>		14. NAME OF HUSBAND OR WIFE <u>Glenna E. Castor</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>WW I</u>		16. SOCIAL SECURITY NO. <u>—</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Glenna E. Castor</u>				ADDRESS <u>Wichita, Kansas</u>				
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) <u>Angina Pectoris (Coronary occlusion)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Angina Pectoris</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 hrs</u> <u>10 min</u> <u>4201</u>		
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		
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 <u>8-14, 1952</u> , to <u>8-15, 1952</u> , that I last saw the deceased alive on <u>8-14, 1952</u> , and that death occurred at <u>10:29 am</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Louis Kovitz</u>		23b. ADDRESS <u>1440 Poplar and Blvd, Kansas</u>		23c. DATE SIGNED <u>8-15-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		
24b. DATE <u>8/16/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>—</u>		24d. LOCATION (City, town, or county) (State) <u>Wichita Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sheldine Holmes</u>		
DATE REC'D BY LOCAL REG. <u>8-16-52</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sheldine Holmes</u>		ADDRESS <u>13 E 120</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 14 1952

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 George A. Hammer

Licensed Embalmer No. 4495

P. O. Address Alberta

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.