

No. 300 FILED DEC 22 1952
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41681

41681

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 413

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	c. LENGTH OF STAY (In this place) 2 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	d. STREET ADDRESS (If rural, give location) 215 Nichols St.,
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Co., Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Hazel	b. (Middle) Irene	c. (Last) Castle	4. DATE OF DEATH (Month) (Day) (Year) Dec. 13 1952
-------------------------------------	------------------	-------------------	------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov-7-1899	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 1	IF UNDER 24 Hrs. Days 8
---------------	------------------------	--	-----------------------------	------------------------------------	--------------------------	-------------------------

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 (City and State or Foreign Country) Callaway Co., Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	--	---	------------------------------------

13a. FATHER'S NAME Milton Brewer	13b. MOTHER'S MAIDEN NAME Lucy Baysinger	14. NAME OF HUSBAND OR WIFE Percy C. Castle
----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Percy C. Castle 215 Nichols, Fulton
--	------------------------------	---

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 4 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)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (a.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 Dec 3, 1952 to Dec 13, 1952 that I last saw the deceased alive on Dec 13, 1952, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John J. Brown M.D.	23b. ADDRESS Fulton, Mo	23c. DATE SIGNED 12-5-52
---	-------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec-16-1952	24c. NAME OF CEMETERY OR CREMATORY Hillcrest	24d. LOCATION (City, town, or county) (State) Fulton Mo
--	-----------------------	--	---

DATE REC'D BY LOCAL REG. Dec. 15-1952	REGISTRAR'S SIGNATURE Margetta Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wallace Funeral Home, Fulton, Mo.
---------------------------------------	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 20 1961

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 William C. Trehas

Licensed Embalmer No. 4870

P. O. Address Fulton, 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.