

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 22 1953 REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 22

650

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

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton		c. LENGTH OF STAY (In this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION Axtell Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Princeton 0650	
		d. STREET ADDRESS (If rural, give location) Princeton, Mo. 8	
3. NAME OF DECEASED (Type or Print) Lizzie Caster			4. DATE OF DEATH April 13-53
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Feb. 14, 1880
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mercer Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Elias Cowger		13b. MOTHER'S MAIDEN NAME Susan Johns	14. NAME OF HUSBAND OR WIFE Ruben Caster-deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Polson Caster Ravanna, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral Hemorrhage			3 days
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension			5 yrs.
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 checked="" type="checkbox"/>
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)	
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 6-6-47, 19___, to 4-13-53, 19___, that I last saw the deceased alive on 4-12-53, 19___, and that death occurred at 2:05 AM from the causes and on the date stated above.			
23a. SIGNATURE Byron L. Axtell M.D.		23b. ADDRESS W.D.O.	23c. DATE SIGNED 4/15/53
24a. BURIAL / CREMATION REMOVAL (Specify) BURIAL	24b. DATE April 15-53	24c. NAME OF CEMETERY OR CREMATORY Ravanna Ceme.	24d. LOCATION (City, town, or county) (State) Mercer Co., Mo.
DATE REC'D BY LOCAL REG. 4-17-53	REGISTRAR'S SIGNATURE H. J. ...	25. FUNERAL DIRECTOR'S SIGNATURE 393 Martin Funeral Home	ADDRESS Princeton, Mo.

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 Jean Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, Ill.

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.