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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 29 1953

State File No. 22622

BIRTH NO. _____ REG. DIST. NO. 6398 PRIMARY REG. DIST. NO. 6049 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: R. F. D. - Defiance St. Charles Co. Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (In this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: near Defiance Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Femme Osage Rural
d. STREET ADDRESS (If rural, give location): 0920

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): W.
c. (Last): Castlio

4. DATE OF DEATH (Month) (Day) (Year): June 21 1953

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb, 20, 1873
9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): St. Charles Co
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Fortunatus Castlio.
13b. MOTHER'S MAIDEN NAME: Phoebe Biglow
14. NAME OF HUSBAND OR WIFE: Earle Castlio Defiance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Earle Castlio
ADDRESS: Defiance Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia Coronaria — INTERVAL BETWEEN ONSET AND DEATH: 6 wks.?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial Pneumonia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 162X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 11, 1953, *to* June 21, 1953, *that I last saw the deceased alive on* June 20, 1953, *and that death occurred at* 12 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. M. Jenkins M.D.
23b. ADDRESS: St. Charles Mo
23c. DATE SIGNED: June 22, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June, 23-53
24c. NAME OF CEMETERY OR CREMATORY: Thomas Farrell
24d. LOCATION (City, town, or county) (State): St Charles Co. Mo

DATE REC'D BY LOCAL REG.: June 23, 1953
REGISTRAR'S SIGNATURE: Mrs Viola F. Luetmeier 399-0
25. FUNERAL DIRECTOR'S SIGNATURE: Mario Murphy
ADDRESS: Wentzville Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Marvin Muschany

Signed.....
Student Embalmer

Licensed Embalmer No. 2461

P. O. Address Westmoreland

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.