

FILED AUG 18 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28208

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 4180 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Campbell</b>	c. LENGTH OF STAY (In this place) <b>25 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Campbell</b> 0350	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City</b>		d. STREET ADDRESS (If rural, give location) <b>City</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ESTHER</b> b. (Middle) <b>AMANDA</b> c. (Last) <b>CASTLIO</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 12 1953</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 9, 1865</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 21 HRS. Hours Mins. <b>7 3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Fred Matthews</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Darst</b>	14. NAME OF HUSBAND OR WIFE <b>---</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Halie Castlio, Campbell, Missouri</b>	ADDRESS <b>Missouri</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **8/11**, 19**53** to **8/11**, 19**53**, that I last saw the deceased alive on **8/11**, 19**53**, and that death occurred at **2:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. J. Ruthledge, M.D.</b>	23b. ADDRESS <b>Campbell, Mo.</b>	23c. DATE SIGNED <b>8/12/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Aug. 13, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Francis Howell Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Wentzville, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8/13/53</b>	REGISTRAR'S SIGNATURE <b>Mrs. Paul Campbell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Landess Funeral Home, Campbell, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED EMBALMER  
8-17-5  
COUNTY FILE NUMBER 853-

FEB 25 1957

**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 *Christina M. Landess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, V*

**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.