

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

344

State File No.

No. 300
10.48

FILED FEB 1 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington, Twsp, Rural		c. LENGTH OF STAY (In this place) lifetime			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1515 South 39th Street.			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington, Twsp, Rural		
d. STREET ADDRESS 1515 South 39th Street,			0		
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) M. c. (Last) Kastner			4. DATE OF DEATH (Month) (Day) (Year) January 23- 1954		
5. SEX Male		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH November 6-1896	
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Office		10b. KIND OF BUSINESS OR INDUSTRY Swift & Company		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Louis Kastner		13b. MOTHER'S MAIDEN NAME Mary Gregor		14. NAME OF HUSBAND OR WIFE Florence J. Kastner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-09-0257		17. INFORMANT'S SIGNATURE OR NAME Florence J. Kastner, 1515 South 39th.	
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) Myocardial infarction acute ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis General DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Diabetes mellitus			INTERVAL BETWEEN ONSET AND DEATH chronic ? 4 months
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			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 9-29-1953 , to 1-23-54 , 19____, that I last saw the deceased alive on 11-10- , 19 53 , and that death occurred at 4:00P m., from the causes and on the date stated above.					
23a. SIGNATURE M. Allison (Degree or title)			23b. ADDRESS 20704S, St. Joseph, Mo		23c. DATE SIGNED 1-25-54
24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial)		24b. DATE 1954 January 25-		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	
DATE REC'D BY LOCAL REG. Jan 28, 1954		REGISTRAR'S SIGNATURE Kastner M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Wierhoffer ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0110 /

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

Raymond H. Overberg

Licensed Embalmer No. 4413

P. O. Address St. Joseph, Missouri

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.