

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

9931

State File No. **1003** Registrar's No. **2514**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give town or township) Town St. Louis, Mo.		a. STATE Missouri. b. COUNTY Dent.	
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Salem.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print)	a. (First) Fred	b. (Middle) B.	c. (Last) Castleman	4. DATE OF DEATH (Month) (Day) (Year) Mar. 17, 1954.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 5, 1885.	9. AGE (In years last birthday) 68.	10. AGE (In years) (Specify) Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming.	11. BIRTHPLACE (City and State or Foreign Country) Rolla, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Osborn D. Castleman	13b. MOTHER'S MAIDEN NAME Trithina Grover	14. NAME OF HUSBAND OR WIFE Blanche Castleman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Nil.	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME Blanche Castleman, Salem, Missouri.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post operative Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Transurethral Resection of Prostate		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hepatitis			

19a. DATE OF OPERATION 3/15/54	19b. MAJOR FINDINGS OF OPERATION Hypertrophied Prostate	20. AUTOPSY? YES <input checked="" 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)
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? 610x

22. I hereby certify that I attended the deceased from 3-7-54, 19, to 3-17-54, 19, that I last saw the deceased alive on 3-16-54, 19, and that death occurred at 3 a. m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) M.D.	23b. ADDRESS 607 N. Grand, St. Louis, Mo.	23c. DATE SIGNED 3-18-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-17-54	24c. NAME OF CEMETERY OR CREMATORY Mount Herman Cem.	24d. LOCATION (City, town, or county) (State) Salem, Missouri.
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DATE REC'D BY LOCAL REG. MAR 18 1954	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington.
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[Signature] (Licensed Embalmer's Statement on Reverse Side)

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

b. 300
0.48

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.....
Signature of Student Embalmer

Signed *Edmond H. Remel*.....

Licensed Embalmer No. *42*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.