

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. RARSHALL
State File No.
823

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN SPRINGFIELD)		c. CITY OR TOWN SPRINGFIELD	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 1655 E. MEADOWMERE 0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1655 E. MEADOWMERE /			

3. NAME OF DECEASED (Type or Print) a. (First) MARCUS b. (Middle) CHARLES c. (Last) COSTELLO			4. DATE OF DEATH (Month) (Day) (Year) JAN. 3 1955		
5. SEX MALE <input type="radio"/>		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH July 4, 1890		9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - Foreman		10b. KIND OF BUSINESS OR INDUSTRY City Street Dept		11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Neal Costello		13b. MOTHER'S MAIDEN NAME Catherine Kenney		14. NAME OF HUSBAND OR WIFE JESSIE J. COSTELLO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. JESSIE J. COSTELLO SPRINGFIELD, KO.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive failure AS heart disease.			INTERVAL BETWEEN ONSET AND DEATH 4 years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition			years.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)		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 Nov. 1950 to 1-3, 1954, that I last saw the deceased alive on 1-3, 1955, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Howard Marshall, M.D. Professional Bldg.		23b. ADDRESS		23c. DATE SIGNED 1-4-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/7/55		24c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY	
				24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.	

DATE REC'D BY LOCAL REG. 1-6-55		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SPRINGFIELD, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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..... *W L McCann*

Licensed Embalmer No. *2721*

P. O. Address *Springfield*

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.