

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **7092**

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| BIRTH NO. _____ | | REG. DIST. NO. 374 | | PRIMARY REG. DIST. NO. 4548 | | Registrar's No. 15 | |
| 1. PLACE OF DEATH a. COUNTY Worth 1130 | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Worth Missouri. c. LENGTH OF STAY (in this place) 250 yrs | | | | c. CITY (If outside corporate limits, write RURAL and give township) Worth Missouri 1130 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home | | | | d. STREET ADDRESS (If rural, give location) no street address | | | |
| 3. NAME OF DECEASED (Type or Print) John Freeman Caster | | a. (First) | | b. (Middle) | | c. (Last) | |
| 5. SEX Male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH July-29-1874 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | | 11. BIRTHPLACE (City and State or Foreign Country) Ravenwood Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME George W Caster | | 13b. MOTHER'S MAIDEN NAME Ruth Needles | | 14. NAME OF HUSBAND OR WIFE May Caster | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Mrs May Caster ADDRESS Worth 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis, severe ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe hiccoughs | | | | INTERVAL BETWEEN ONSET AND DEATH 2yrs | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 334X | | | | 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) (Min.) | | 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 2-2- 1954 , to 2-16- 1955 that I last saw the deceased alive on 2-11- 1955 , and that death occurred at 8:45 a.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Frank B. Metter (Degree or title) MD | | | | 23b. ADDRESS Grant City, MO | | 23c. DATE SIGNED 2-27-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE Feb-18-1955 | | 24c. NAME OF CEMETERY OR CREMATORY Barnes Cemetery | | 24d. LOCATION (City, town, or county) (State) Worth Missouri | |
| DATE REC'D BY LOCAL REG. Feb. 17-1955 | | REGISTRAR'S SIGNATURE Leta E. Duvall 345 | | 25. FUNERAL DIRECTOR'S SIGNATURE John Anderson ADDRESS Grant City Mo | | | |

(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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 4211

P. O. Address Grant City Mo

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.