

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

9279

State File No. ....

No. 300  
10.48

FILED APR 11 1955

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 92

0940

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

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WASHINGTON</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>RURAL, ST. FRANCOIS</u> )	c. LENGTH OF STAY (in this place) <u>2 das.</u>	c. CITY OR TOWN <u>BISMARCK</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MINERAL AREA OSTEO. HOSP.</u>		No. STREET ADDRESS (If rural, give location) <u>Star Route #1 1100</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>REVA</u> b. (Middle) <u>JANE</u> c. (Last) <u>CASTEEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 27, 1955</u>	
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>3-22-55</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>5</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BISMARCK, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>LOUIE CASTEEL</u>	13b. MOTHER'S MAIDEN NAME <u>ELVIA PERSON</u>	14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>	
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Louie Castel, Bismarck, Mo. Star Route #1</u>		
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPOSTATIC PNEUMONIA</u> ANTECEDENT CAUSES DUE TO (b) <u>INHALATION OF VOMITUS</u> DUE TO (c) <u>1</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9220 22</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS</u> <u>2 DAYS</u>
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19a. DATE OF OPERATION <u>-</u>	19b. MAJOR FINDINGS OF OPERATION <u>-</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>- 094</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>- - - -</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-</u>	
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22. I hereby certify that I attended the deceased from 3-25-55 to 3-27-55, that I last saw the deceased alive on 3-27-55, and that death occurred at 9:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. E. Howell, D. O.</u>	23b. ADDRESS <u>3rd River, Mo.</u>	23c. DATE SIGNED <u>3-27-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-29-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RUSSELL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Arcadia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 27, 1955</u>	REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>White Funeral Home, Bismarck Mo</u>	
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(Licensed Embalmers' Statement on Reverse Side)

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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 B. K. Royal

Licensed Embalmer No. 4120

P. O. Address Farmington

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.