

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH10198  
STATE FILE NUMBERRegistration District No. 291 Primary Registration District No. 4433 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>Putnam</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Putnam</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Unionville</b>		c. CITY OR TOWN <b>Rural</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Monroe Hospital</b>		Length of stay in lb <b>12 Da</b>	
d. STREET ADDRESS <b>Unionville</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Jess</b> Middle <b></b> Last <b>Casteel</b>		4. DATE OF DEATH Month <b>Mar</b> Day <b>18</b> Year <b>1956</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 13, 1890</b>
9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>5</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Putnam Co Mo</b>	
11. BIRTHPLACE (City and state or country) <b>Putnam Co Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>Charles W Casteel</b>		14. MOTHER'S MAIDEN NAME <b>Ida Victoria</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Marion Casteel Unionville, Mo</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic degenerative Myocarditis</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)
			DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b></b> Month, Day, Year a. m. <b></b> p. m. <b></b>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>4-24-54</b> to <b>3-18-56</b> and last saw her alive on <b>3-18-56</b> Death occurred at <b>3:05 a</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. W. McDonald</b> (Degree or title)		22b. ADDRESS <b>St. Louis, Mo</b>	
22c. DATE SIGNED <b>3-17-56</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>		23b. DATE <b>3-14-56</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Jackson Cem</b>		23d. LOCATION (City, town, or county) (State) <b>Putnam Co Mo</b>	
24. FUNERAL DIRECTOR <b>F. O. Luster</b> ADDRESS <b>St. Louis, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>3-24-56</b>	
26. REGISTRAR'S SIGNATURE <b>Marion Casteel</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 7 1958

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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  
by me, or by ....., Student Embalmer No....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Muel E. Huster*

Licensed Embalmer No. ....

P. O. Address.....  
*Union*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
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.