

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21421

State File No.

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>274</u> | | PRIMARY REG. DIST. NO. <u>3052</u> | | Registrar's No. <u>247</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> | | c. LENGTH OF STAY (in this place) <u>3 days</u> | | c. CITY OR TOWN <u>Sedalia</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>1603 South Kentucky</u> <u>08070</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>BERT</u> | | | b. (Middle) <u>P.</u> | | | c. (Last) <u>COSTELLO</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>June 17, 1956</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>Jan. 29, 1882</u> | | 9. AGE (In years last birthday) <u>74</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 2 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brakeman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mo-Pac R.R.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Davenport, Iowa</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>John Costello</u> | | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Myrtle Conser Costello</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | | 16. SOCIAL SECURITY NO. <u>World War I</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Myrtle Costello</u> ADDRESS <u>1603 S. Kent. Sedalia, Mo.</u> | | | |
| 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>Bronchopneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Uremia</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Chronic Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 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) _____ | |
| 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 <u>Nov 1953</u> , to <u>17 June 1956</u> , that I last saw the deceased alive on <u>16 June 1956</u> , and that death occurred at <u>3:57</u> m., from <u>the</u> causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Carl Diegel M.D.</u> | | | | 23b. ADDRESS <u>1216 West 18th St. Sedalia, Mo.</u> | | 23c. DATE SIGNED <u>18 June 1956</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>6/19/56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>6-19-56</u> REGISTRAR'S SIGNATURE <u>Thomas Wortman</u> | | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Wortman</u> ADDRESS <u>Sedalia, Mo.</u> | | | |

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

Dr. Carl Seigel

JUN 25 1954

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 *J. E. Baker*.....

Licensed Embalmer No. *241*.....

P. O. Address *Seelala*.....

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.