

No. 100
10. 18

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36619

State File No.

XC10963158
REG #11956 FILED NOV 7-1956

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2575

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ALABAMA b. COUNTY TALLEDEGA	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN JEFFERSON BARRACKS township)		c. CITY OR TOWN TALLEDEGA	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (to this place) 1175 DAYS		e. STREET ADDRESS (If rural, give location) 911 WASHINGTON AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP			

3. NAME OF DECEASED (Type or Print)	a. (First) GURLEY	b. (Middle)	c. (Last) CASTLEBERRY	4. DATE OF DEATH (Month) (Day) (Year) 10-29-56
-------------------------------------	--------------------------	-------------	------------------------------	---

5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED (SEP)	8. DATE OF BIRTH 5-6-1900	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	--	----------------------------------	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY YARD CARETAKER	11. BIRTHPLACE (City and State or Foreign Country) CROPWELL, ALABAMA	12. CITIZEN OF WHAT COUNTRY? USA
--	---	---	---

13a. FATHER'S NAME MARTIN CASTLEBERRY	13b. MOTHER'S MAIDEN NAME ETTA GREEN	14. NAME OF HUSBAND OR WIFE DOROTHY BOOKER
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give year or dates of service) WW II	16. SOCIAL SECURITY NO. 417101830	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS, MO.	ADDRESS
---	--	--	---------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ADDISON'S DISEASE WITH ACUTE ADDISONIAN CRISIS		INTERVAL BETWEEN ONSET AND DEATH Undetermined
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY TUBERCULOSIS, FAR		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION ADVANCED	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 **8-10-53**, 19___, to **10-29-56**, 19___, ~~and that death occurred~~ and that death occurred at **4:30A** m., from the causes and on the date stated above.

23. SIGNATURE H. P. Westphaelinger (Degree or title)	23b. ADDRESS 915 N. Grand Blvd. VAH ST. LOUIS, MISSOURI	23c. DATE SIGNED 10-29-56
---	--	----------------------------------

24. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 10/31/56	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) ANNISTON, ALABAMA
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. 10-31-56	REGISTRAR'S SIGNATURE Herbert R. Dombro	25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Grenberry	ADDRESS 4202 Finney Ave. St. Louis 13, Mo.
--	--	---	---

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 *Melvin E. L...*
Licensed Embalmer No. *44*
P. O. Address *St. Lou*

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.