

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41390

State File No.

FILED JAN 14 1957

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5534

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 17 Yrs.

c. CITY (OR TOWN) Kansas City
d. In Residence within limits of a city incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St Lukes Hosp.

e. STREET ADDRESS (If rural, give location) 235 Ward Pkwy.

3. NAME OF DECEASED (Type or Print)
a. (First) Maude b. (Middle) _____ c. (Last) Caster

4. DATE OF DEATH (Month) (Day) (Year)
Dec, 20, 1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH March 28, 1872

9. AGE (In years last birthday) 84
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 12 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Tarkio, Mo.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Samuel VanGundy

13b. MOTHER'S MAIDEN NAME Sarah E. Fuslie

14. NAME OF HUSBAND OR WIFE Herbert O. Caster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Ed Walsh K. C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Aneurysm of Thoracic Aorta arteriosclerotic
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH
3 hours

II. OTHER SIGNIFICANT CONDITIONS
Rheumatic Heart Disease, inactive Aortic Stenosis
Conditions contributing to the death but not related to the disease or condition causing death.

451X

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Nov 30, 1949, to Dec 20, 1956, that I last saw the deceased alive on Dec 20, 1956, and that death occurred at 4 pm m., from the causes and on the date stated above.

23a. SIGNATURE Harold W. Voth M.D. (Degree or title)

23b. ADDRESS 201 Plaza Med. Bldg. 315 Nichols Rd.

23c. DATE SIGNED Dec 21, 56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12/22/56

24c. NAME OF CEMETERY OR CREMATORY Forrest Hill Abby

24d. LOCATION (City, town, or county) (State) Kansas City Mo.

DATE REC'D BY LOCAL REG. 12-21-56 REGISTRAR'S SIGNATURE Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Stine & McClure K. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Max Berry
Kings Med. Bldg.
Rm. 1-3243
will be in office after 1 P.M.

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. S. Walton*.....

Licensed Embalmer No. *2744*

P. O. Address *K. C. m*

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.