

## STANDARD CERTIFICATE OF DEATH

State File No. **8164**

FILED APR 12 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 102 PRIMARY REG. DIST. NO. 5416 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cardwell</u>		c. LENGTH OF STAY (If this place) <u>6 yrs</u>	c. CITY OR TOWN <u>0350</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W.M. McCastill residence</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Marcus</u> c. (Last) <u>McCastill</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 4, 1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 25, 1872</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Henderson Tenn.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Jobe H. McCastill</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Jane Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Della Miller McCastill</u>	
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 <u>Mrs. W.M. McCastill - Cardwell, Mo. Rth 1</u>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</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 <u>447X</u>	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input 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)		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</u> , 19 <u>56</u> , to <u>April</u> , 19 <u>57</u> that I last saw the deceased alive on <u>3 April</u> , 19 <u>57</u> and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Mr. Swafford</u>		23b. ADDRESS <u>Cardwell Mo.</u>	
23c. DATE SIGNED <u>8 April</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/7/57</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Cardwell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cardwell, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-8-57</u>		REGISTRAR'S SIGNATURE <u>Edna Helms</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard Funeral Service - beachville, Ark.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 4-10-4  
COUNTY FILE NUMBER 457-

**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 ..... *W. H. Howard*

Licensed Embalmer No. *3959*

P. O. Address *Leachville, Mo.*

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.