

FILED FEB 11 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4149

STATE FILE NUMBER

Registration District No. 340Primary Registration District No. 3075Registrar's No. 19

| | | | |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dexter</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Dexter</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u> | | Length of stay in 1b | d. STREET ADDRESS <u>703 North Mulberry</u> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>James Arthur Castleman</u> | | | 4. DATE OF DEATH Month Day Year <u>Jan. 31, 1958</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb. 11, 1882</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years at birth) <u>77</u> |
| 13a. FATHER'S NAME <u>Lewis Castleman</u> | | 13b. MOTHER'S MAIDEN NAME | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</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>488-16-7687</u> | 14. NAME OF HUSBAND OR WIFE <u>Nancy Castleman</u> |
| 17. INFORMANT Address <u>Mrs. Nancy Castleman, Dexter, Mo.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> | | | |
| DUE TO (c) <u>Senility</u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331X</u> | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> |
| 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 Month, Day, Year a.m. p.m. | | | |
| 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 <u>January 24th</u> to <u>31st, 1958</u> and last saw her alive on <u>Jan. 31, 1958</u> Death occurred at <u>7:00 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>D. G. Cannon</u> (Degree or title) <u>D.O.</u> | | 22b. ADDRESS <u>Dexter, Mo.</u> | 22c. DATE SIGNED <u>2/3/58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>2-2-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Caroline Dowdy</u> | 23d. LOCATION (City, town, or county) (State) <u>Dexter, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Strickland-Rainey</u> ADDRESS <u>Dexter, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>2-3-58</u> | 26. REGISTRAR'S SIGNATURE <u>Velma V. Jenks</u> |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Lucille Rainey.....

Licensed Embalmer No. 4983.....
P. O. Address Denton, 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.