

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009954

STATE FILE NUMBER

FILED MAR 25 1959

Registration District No. 160

Primary Registration District No. 5592

Registrar's No. 28

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFF.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL JOACHIM</b>		c. CITY OR TOWN <b>FESTUS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>NONE</b>		d. STREET ADDRESS <b>35 A MAIN STREET</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>GLENN K. KAST</b>		4. DATE OF DEATH Month Day Year <b>3-15-59</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>8-16-1934</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PLUMMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GENERAL WORK</b>	11. BIRTHPLACE (City and state or country) <b>FESTUS, MISSOURI</b>
13a. FATHER'S NAME <b>WILLIAM H. KAST</b>		13b. MOTHER'S MAIDEN NAME <b>GERTRUDE R. MC KEE</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Address <b>MRS. G. KYLE FESTUS, MISSOURI</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple fractures of skull</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) <b>single car accident.</b>	
20c. TIME OF INJURY Hour Month, Day, Year <b>12:10 a.m. 3-15-59</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>	
20e. CITY, TOWN, OR LOCATION <b>Joachim Twp. Jeff. Mo</b>		20f. COUNTY STATE <b>JEFF. MO</b>	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <b>12:10 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>James E. Behar, M.D.</b>		22b. ADDRESS <b>Festus Mo.</b>	
22c. DATE SIGNED <b>3/16/59</b>		22d. ADDRESS	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>3-18-59</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>GAMEL CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>FESTUS, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>GENTRY R. POLITTE</b>		25. DATE RECD. BY LOCAL REG. <b>3-17-59</b>	
26. REGISTRAR'S SIGNATURE <b>James G. Rigdon</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be traced. All diseases in Part I must be causally related.

DATE RECEIVED

March 21 1959

APR 7 1959

APR 9 1959

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 *Lucy K. Politte*

Licensed Embalmer No. *3481*

P. O. Address *Crystal City*

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.