

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000140

FILED VS FEB 5 1960

Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 4076 5 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Butas</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rich Hill Mo.</u> Length of stay in lb				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butas</u> c. CITY OR TOWN <u>Rich Hill Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>So. Sixth St.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				d. STREET ADDRESS (If outside, give location) <u>So. Sixth St.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Ida</u> Middle <u>Mae</u> Last <u>Castlebury</u>			4. DATE OF DEATH Month <u>February</u> Day <u>2</u> Year <u>1960</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/12/1879</u>	9. AGE (last birthday) <u>87</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Prescott</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Tom Brittingham</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Joe Castlebury</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Baulah Castlebury Rich Hill Mo.</u> Address			
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>Hypostatic Pneumonia</u> DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>8 yrs.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <u>3:40</u> a.m. p.m. Month, Day, Year <u>Feb. 1960</u>		20d. INJURY OCCURRED WHILE AT WORK <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>Oct 1952</u> to <u>Feb. 1960</u> and last saw her/him alive on <u>Jan. 31. 1960</u> Death occurred at <u>3:40 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Thomas F. Boyd DO.</u> (Degree or title)			22b. ADDRESS <u>Rich Hill, Mo.</u>			22c. DATE SIGNED <u>2-5-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>2/4 60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Holmes Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Prescott, Kansas</u>	
24. FUNERAL DIRECTOR <u>Booth Funeral Service Rich Hill Mo.</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>Feb. 4. 1960.</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Edna Douglas</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 4 1963

FEB 18 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John G. Chelentz

Licensed Embalmer No. 358

P. O. Address Butler

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.