URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-009940

FILED VS MAR 28 1960

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 346

STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b 30 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Mo.Meth.Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1910 S. 41st Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Joseph Middle Blaine Last Castle

4. DATE OF DEATH Month March Day 11, Year 1960.

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH July 5,1889
9. AGE (last birthday) 70 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Electrolux Corp.
11. BIRTHPLACE (City and state or country) Andrew Co., Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Joseph Brown Castle
13b. MOTHER'S MAIDEN NAME Etta Zimmerman
14. NAME OF HUSBAND OR WIFE Cornelia J. Castle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW #1.
16. SOCIAL SECURITY NO. 120-12-3074
17. INFORMANT Mrs.Cornelia J.Castle Address St.Joseph,Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 hour
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 6-23-58, to and last saw her/him alive on 2-29-60
Death occurred at 1:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. L. Mothershead MD
22b. ADDRESS 2603 Frederick Avenue
22c. DATE SIGNED 3-15-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Mar. 14, 1960
23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery
23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

24. FUNERAL DIRECTOR Meierhoffer-Freeman Inc. by KEH — ADDRESS St.Joseph, Mo.
25. DATE RECD. BY LOCAL REG. March 21, 1960
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF J.L. Mothershead MD

MEDICAL CERTIFICATION

SEP 29 1961

STATEMENT BY LICENSED EMBALMER

MAR 28 19

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 Eric J. Cheney

Licensed Embalmer No. 4679

P. O. Address St. Joseph

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