

JURIS DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010760

FILED VS APR 4 1960

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 44

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jefferson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arcadia		Length of stay in 1b 8 months		c. CITY OR TOWN Herculaneum		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bap. Old Folks Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 724 Thurwell St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) MINNIE BELLE CASTEEL				4. DATE OF DEATH Mar. 27, 1960									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-30-81		9. AGE (last birthday) 78-4-27		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) New Madrid Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Charles M. Smith				13b. MOTHER'S MAIDEN NAME Martha Skaggs				14. NAME OF HUSBAND OR WIFE Charles Casteel					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Thomas Eickenberger, Herculaneum, 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) Generalized arteriosclerosis										INTERVAL BETWEEN ONSET AND DEATH 2 years			
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. <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		Month, Day, Year									
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 7-20-59 to 3-27-60 and last saw her ^{her} ₂₀₉ alive on 3-25-60 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Marvin C. Menne MD						22b. ADDRESS Ironton, Missouri				22c. DATE SIGNED 3-29-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-30-60		23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) (State) Herculaneum, Mo.							
24. FUNERAL DIRECTOR Vinyard Funeral Home, Inc., Festus, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 3-29-60		26. REGISTRAR'S SIGNATURE Mrs. Avis Jones					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 5 1960

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

H. W. Weyand

Licensed Embalmer No. 301

P. O. Address Festa

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.