

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030424
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 331

<p>FILED SEP 4 1962</p>		<p>1. PLACE OF DEATH a. COUNTY <u>Cole</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u></p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u></p>		<p>Length of stay in 1b <u>3 hrs.</u></p>		<p>c. CITY OR TOWN <u>Meta</u></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u></p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) <u>—</u></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Anthony David Castaldi</u></p>			<p>4. DATE OF DEATH Month Day Year <u>August 25, 1962</u></p>		
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>10-13-41</u></p>	<p>9. AGE (last birthday) <u>20</u></p>	<p>IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>		<p>11. BIRTHPLACE (City and state or country) <u>Jefferson City, Mo.</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>
<p>13a. FATHER'S NAME <u>Anthony Castaldi</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Nancy Moeller</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>None</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>		<p>16. SOCIAL SECURITY NO. <u>None</u></p>	<p>17. INFORMANT Address <u>Anthony Castaldi Meta, Mo.</u></p>		
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>					<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>IMMEDIATE CAUSE (a) <u>Primary Shock</u></p>					
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>lwei - multiple lacerations</u></p>					
<p>DUE TO (c) <u>vehicular accident</u></p>					
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>				<p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>automobile accident</u></p>			
<p>20c. TIME OF INJURY. Hour <u>8-25-62</u> Month, Day, Year <u>2:30 PM</u></p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u></p>	<p>20f. CITY, TOWN, OR LOCATION <u>Osage Co.</u></p>	<p>COUNTY <u>MO</u></p>	<p>STATE <u>MD</u></p>
<p>21. I attended the deceased from <u>Aug 25/62</u> to <u>Aug 25</u> and last saw him alive on <u>Aug 15/62</u>. Death occurred <u>3:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE (Print name) <u>Fred P. Andler MD</u></p>		<p>22b. ADDRESS <u>Jefferson City, Mo</u></p>		<p>22c. DATE SIGNED <u>25 Aug 62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>8-28-1962</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u></p>	<p>23d. LOCATION (City, town, or county) <u>Jefferson City, Mo.</u></p>		
<p>24. FUNERAL DIRECTOR ADDRESS <u>Scrivner-Stevinson Meta, Mo.</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>27 August 1962</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>PP Darris MD</u></p>		

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

SEP 5 1962

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 Jay L. Stevenson Student Embalmer No. 654

working under my personal supervision.

Student Jay L. Stevenson
Signature of Student Embalmer

Signed J. L. Stevenson
Licensed Embalmer No. 24073

P. O. Address Lower No

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.