

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18162

Registration District No. 420

Primary Registration District No. 3022

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town DeSoto  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether)  
In this community 7 Months  
years, months or days

3. (a) PRINT FULL NAME WINIFRED CASTO

8. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Hugh Casto 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Feb. 15, 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 2 23 hr. min.

9. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William F. Bryant  
13. Birthplace Unknown Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Cathil  
15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Warger  
(b) Address 203 N. 2nd St. DeSoto, Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1941  
(Month) (Day) (Year)  
(c) Place: burial or cremation Sedalia Mo.

18. (a) Signature of funeral director Lee Mothershead  
(b) Address DeSoto, Mo.  
19. (a) 6-7-41 (Date received local registrar) (b) Matthe Woods (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
(c) City or town DeSoto (If outside city or town limits, write "RURAL")  
(d) Street No. North Second (If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1941 hour 8 minute P.

21. I hereby certify that I attended the deceased from May 6th, 1941 to May 8, 1941  
that I last saw her alive on May 6th, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Carcinoma Duration 2 yrs.?

Due to 462

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. A. Elders (M. D. or other) 1  
Address 521 So 2nd St Date signed 5/9/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signature

Licensed Embalmer No.

P. O. Address

**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 this body is not embalmed, above space should be left blank.**