THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 25 1957

STATE FILE NUMBER **39684**

t. Health,
& Welfare
S. Public
th Service

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v. 1-56
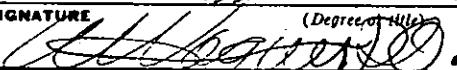
Registration District No. **77** Primary Registration District No. **3016** Registrar's No. **369**

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. COUNTY Cole	a. STATE Missouri b. COUNTY Maries /0371
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City Inside Limits Yes X No ☐	c. CITY OR TOWN Hermann 2630 Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Charles E. Still Osteopathic Length of stay in 1b 5 days	d. STREET ADDRESS 237½ E. First (If outside, give location) Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First Walter	Middle Fred	Last Kast	4. DATE OF DEATH	Month Day Year November 18, 1957

5. SEX Male	6. COLOR OR RACE White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 9-3-1893	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Laborer	10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	11. BIRTHPLACE (City and state or country) Kansas City, Mo	12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Kast	14. MOTHER'S MAIDEN NAME Mary Rinne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 488-05-5309	17. INFORMANT Mrs. Walter Kast Address Hermann, Mo.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	medullary paralysis	1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	cerebral hemorrhage	11-13-57
DUE TO (c)	arteriosclerotic heart disease	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   4 200

19. WAS AUTOPSY PERFORMED? YES X NO ☐

MEDICAL CERTIFICATION

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 **11-13-57** to **11-18-57** and last saw her/him alive on **11-18-57**
Death occurred at **6:55** a.m/p.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.	22b. ADDRESS 826 E. High St.	22c. DATE SIGNED 11/18/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-21-57	23c. NAME OF CEMETERY OR CREMATORY Hermann Cemetery	23d. LOCATION (City, town, or county) Hermann, (State) Mo.

24. FUNERAL DIRECTOR ADDRESS Hugo F. Blumer Hermann, Mo.	25. DATE RECD. BY LOCAL REG. 19 Nov. 1957	26. REGISTRAR'S SIGNATURE R. P. Dorris, MD - MR

W.A. Waener, D.O.   (Licensed Embalmer's Statement on Reverse Side)

All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed in item 18. Doctor, coroner, etc. must use only standard nomenclature required by 193.140 MORS 1949.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ...., Student Embalmer No...........

working under my personal supervision..

Student..

        Signature of Student Embalmer

Signed..... *Hugo N. Blumer*

Licensed Embalmer No...3.1.6.

P. O. Address *Hermann*

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