

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036034

STATE FILE NUMBER

FILED NOV 10 1958

Registration District No.

128

Primary Registration District No.

2000

Registrar's No. 1053

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Handley Memorial Hospital		Length of stay in lb 40 Yrs.	d. STREET ADDRESS (If outside, give location) 0346 2053 N. Prospect Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ROBERT		First EMEL	Middle CASTEEL	
4. DATE OF DEATH NOVEMBER 1, 1958	Month Nov	Day 1	Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/7/1888	
9. AGE (In years last birthday) 70	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	11. BIRTHPLACE (City and state or country) Sleeper, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jasper Casteel		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Louise 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. Unknown	17. INFORMANT Address Spfd., Mo. Louise Casteel: 2053 N. Prospect	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH <i>Cerebral Aneurysm</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. { DUE TO (b) DUE TO (c)		334X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				
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 a.m. p.m.	Hour	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 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 10/12/58	COUNTY 10/31/58	STATE 10/31/58
21. I attended the deceased from Death occurred at 10/31/58 to 10/31/58 and last saw him alive on 10/31/58 on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>Lyman D. Brown M.D.</i>	(Degree or title) M.D.		22b. ADDRESS 311½ College Springfield, Missouri	22c. DATE SIGNED 11/3/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/3/1958	23c. NAME OF CEMETERY OR CREMATORIAL Greenlawn Cemetery	23d. LOCATION (City, town, or county) Springfield, Missouri	(State)
24. FUNERAL DIRECTOR AYRE-GOODWIN: Springfield, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-5-58	26. REGISTRAR'S SIGNATURE <i>Effie G. Meleton</i>	

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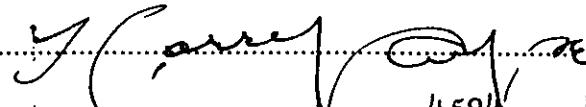
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by , Student Embalmer No. working under my personal supervision.

Student

Signature of Student Embalmer

Signed



Licensed Embalmer No. 459

P. O. Address ... Springfield, M

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.