MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 1
50M-9-19-38
1 X16605

MAR 16 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8490
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon — Registration District No. 875

(b) Township Washington — Primary Registration District No. 6162 — Registered No. 52

(c) or City Nevada — (d) Street No. State Hospital #3 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 12 8 yrs. 3 mos. 29 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Patrick J Costello

(a) Residence, No. [illegible] St. [ ] St. Louis
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1856

7. AGE: YEARS 84 — MONTHS ? — DAYS ? — If LESS than 1 day, — hrs. or — min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Cobbler
9. Industry or business in which work was done, as saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 5

FATHER
13. NAME: Unknown 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 5

MOTHER
15. MAIDEN NAME: Unknown 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 5

17. INFORMANT (ADDRESS): Records, State Hospital #3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hays Cemetery DATE Feb 23 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Hays Funeral Service Nevada, Mo.

20. FILED Feb 22, 1940 Allen V. Hays
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-1-39, 19..., to 2-18-40, 19...
I last saw him alive on 2-17-, 1940. Death is said to have occurred on the date stated above, at 3:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis c m degeneration	?
Other contributory causes of importance: Senility	?

93 C

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [illegible], M. D.
(Address) Nevada Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
Registration Number 3-40-362
Date Filed 3-4-40

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.

Signed Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, Mo.

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.