

S. No. 2
M-2-43
5-17-39
X33867

FILED Jul 22 1946
Registration District No. 303

STANDARD CERTIFICATE OF DEATH

State File No. _____

Primary Registration District No. 3074

Registrar's No. 36

1. PLACE OF DEATH **Scott**

(a) County **Scott**

(b) City or town **Sikeston**

(c) Name of hospital or institution: **321 N. Dixie**

(d) Length of stay: In hospital or institution **26 years**

In this community **26 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scott**

(c) City or town **Sikeston**

(d) Street No. **321 N. Dixie St.**

(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Richard (Casselberry) Castleberry**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **496-18-6860**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Claria Castleberry** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **June 5, 1899**

8. AGE:	Years	Months	Days	If less than one day
	56	0	17	hr. _____ min.

9. Birthplace **Tupelo Miss**

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **Joe Castleberry**

13. Birthplace **Unknown**

14. Maiden name **Unknown**

15. Birthplace **Unknown**

16. (a) Informant **Mrs. Clario Castleberry**

(b) Address **321 N. Dixie St.**

17. (a) **Burial** (b) Date thereof **June 26, 1946**

(c) Place: burial or cremation **Sunset Addition Cemetery**

18. (a) Signature of funeral director **F. J. Sparks**

(b) Address **Cape Girardeau, Missouri**

19. (a) **6-26-46** (b) **Mrs. F. Henry**

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **22** year **1946** hour **5:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **June 10** to **June 22** 19**46** that I last saw him alive on **6-12** 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Arteriosclerosis**

Due to **Secularity, Neurophlegia**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **1310** Of autopsy _____

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 **Dr. C. M. Clew** (M.D. or other) _____

Address **Sikeston, Mo.** Date signed **6-24-46**

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

RECEIVED

District Health Office No. 2,

District File Number 746-862

Date Filed 7-18-46

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau, 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, fact should be so stated above.