

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2120**BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly	c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) Moberly	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Wabash Hospital		d. STREET ADDRESS (If rural, give location) 532 No. Morley	

3. NAME OF DECEASED (Type or Print) JOHN	a. (First) F	b. (Middle) _____	c. (Last) CASTIE	4. DATE OF DEATH (Month) (Day) (Year) Jan. 18th 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 1st 1870	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months - Days 9 17	IF UNDER 24 HRS. Hours Min. _____ _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Htd. Conductor		10b. KIND OF BUSINESS OR INDUSTRY Wabash R.R.		11. BIRTHPLACE (State or foreign country) Minn.		12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME George Castle	13b. MOTHER'S MAIDEN NAME Sarah Jane Felker	14. NAME OF HUSBAND OR WIFE Veola
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) # _____ # _____	16. SOCIAL SECURITY NO. # _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Veola Castle	ADDRESS Moberly, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myxosarcoma of PROSTATE		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 0 DUE TO (c) 0		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0		177x	

19a. DATE OF OPERATION Nov 5 '49	19b. MAJOR FINDINGS OF OPERATION As above	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Nov 1, 1949**, to **Jan 18, 1950**, that I last saw the deceased alive on **Jan 18, 1950**, and that death occurred at **8 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry K. Baker - M.D.	23b. ADDRESS WABASH Employees Hospital.	23c. DATE SIGNED Jan 19 '50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)	24b. DATE Jan. 20th-50	24c. NAME OF CEMETERY OR CREMATORY Oakland	24d. LOCATION (City, town, or county) (State) Moberly, Mo.
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DATE REC'D BY LOCAL REG. Jan 20 - 50	REGISTRAR'S SIGNATURE Carl William Love	25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son	ADDRESS Moberly, Mo.
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JAN 31 1950

JAN 27 1950

RECEIVED

JAN 23 1950

District Health Officer N

District File Number 1-50-

JAN 23 1950

Date Filed

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 Student Embalmer

Signed Frank J. Be Witt

Licensed Embalmer No. 5021

P. O. Address Mobily, La

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.