

THE DIVISION OF HEALTH OF MISSOURI
 FILED MAY 3 1950 STANDARD CERTIFICATE OF DEATH

State File No. 12475

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 347 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Ribes MO</u>	c. LENGTH OF STAY (in this place) <u>15 year</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Ribes</u> <u>0350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>DAVID</u>	c. (Last) <u>CASTEEL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-10-1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Mar-20-1932</u>	9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Months <u>20</u> Days	IF UNDER 24 HRS. Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farm Labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Kaiser Ark</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>David Casteel</u>	13b. MOTHER'S MAIDEN NAME <u>Abell Murry</u>	14. NAME OF HUSBAND OR WIFE
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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 <u>David Casteel - Ribes MO</u>	ADDRESS
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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 <u>EX50</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowned</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>overturned boat</u>		
	DUE TO (c) <u>Fell out of boat while fishing</u>		<u>42</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>(supp report)</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>035</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HICKORY LANDING</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Honnerville (rural) Dunklin MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 10-1950 2:30 pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell out of boat</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 4-10-1950 and that death occurred at 1- pm, from the causes and on the date stated above.

23a. SIGNATURE <u>Attended Hawthorn Crowder Bennett MO</u>	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>0</u>	24b. DATE <u>4-14-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Steele MO</u>
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DATE REC'D BY LOCAL REG. <u>4-18-50</u>	REGISTRAR'S SIGNATURE <u>Bertha Kinsolving</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.T. Crowder</u>	ADDRESS <u>Honnerville MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10. 300
48
350

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 4-21-50

COUNTY FILE NUMBER 450-129

MAY 4 1950

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.