

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5300

State File No.

S. No. 300
v. 10.48

FILED FEB 24 1953

BIRTH NO. _____		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>468</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>DeKalb</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Maysville</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>DeKalb</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Maysville</u>		d. STREET ADDRESS <u>Home in town</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>0320</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in town</u>		d. STREET ADDRESS <u>(If rural, give location)</u>					
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Theodore</u>	b. (Middle) <u>Martin</u>	c. (Last) <u>Caster</u>	(Month) <u>2</u>	(Day) <u>3</u>	(Year) <u>53</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 4, 1875</u>		9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR Months <u>0</u>	11. UNDER 1 WKS. Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Crawford Caster</u>		13b. MOTHER'S MAIDEN NAME <u>Samantha Henton</u>		14. NAME OF HUSBAND OR WIFE <u>Lettie Caster</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>XXXXXXXX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Viola Caster Maysville, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u>				<u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Emphysema</u>				<u>14 days</u>	
		DUE TO (c) <u>480X</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Sclerosis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) m.		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 <u>May</u> , 19 <u>41</u> , to <u>Feb</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb 8</u> , 19 <u>53</u> , and that death occurred at <u>8:00</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. E. Small</u>				23b. ADDRESS <u>Mayville, Mo.</u>		23c. DATE SIGNED <u>2-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-10-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Home Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>DeKalb Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-10-53</u>		REGISTRAR'S SIGNATURE <u>Joseph Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John B. ...</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

0320

FEB 26 1953

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 John Brass

Licensed Embalmer No. 8933

P. O. Address Waynesville 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.