

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29437

State File No.

FILED AUG 24 1953

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 158

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

1. PLACE OF DEATH a. COUNTY Nodaway			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (In this place) 6 mo.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmo		0740
d. FULL NAME OF HOSPITAL OR INSTITUTION 617 North Vine			d. STREET ADDRESS (If rural, give location) none		
3. NAME OF DECEASED (Type or Print) ISABELLA	a. (First)	b. (Middle) BARNHILL	c. (Last) CASTILLO	4. DATE OF DEATH Month 8 Day 17 Year 53	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2/16/62	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days IF UNDER 10 Hrs. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Jones County, Iowa		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Samuel Barnhill		13b. MOTHER'S MAIDEN NAME Elizabeth Manes	14. NAME OF HUSBAND OR WIFE Amos G. Castillo, dec.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ogel Livengood, Maryville, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	18. CAUSE OF DEATH MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic INTERVAL BETWEEN ONSET AND DEATH 4 mos. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 5, 1953 , to Aug. 17, 1953 , that I last saw the deceased alive on Aug 17, 1953 , and that death occurred at 8:15P m. , from the causes and on the date stated above.					
23a. SIGNATURE <i>[Signature]</i>		(Degree or title) M. D.	23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 8/18/53
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8/19/53	24c. NAME OF CEMETERY OR CREMATORY Blanchard	24d. LOCATION (City, town, or county) (State) Blanchard, Iowa		
DATE REC'D BY LOCAL REG. 8-22-53	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.			

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 _____

Curtis E. Kenney

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Curtis E. Kenney

Licensed Embalmer No. 4956

P. O. Address Worcester, Ma

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.