

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4559

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5564 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY Iron
b. CITY (If outside corporate limits, write RURAL and give town) Rural, Union
c. LENGTH OF STAY (If in place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mi. N of Annapolis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri COUNTY Iron
c. CITY OR TOWN Rural, Union
d. Is Residence within limits of a city or incorporated town? Yes No
• STREET ADDRESS (If rural, give location) 1 mile north of Annapolis

3. NAME OF DECEASED
a. (First) NANCY b. (Middle) JANE c. (Last) CASTILE

4. DATE OF DEATH (Month) (Day) (Year)
Jan 30 1956

5. SEX fem

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH June 10 1874

9. AGE (In years) (last birthday) 81 IF UNDER 1 YEAR (Month) (Day) (Year) 7 20 IF UNDER 6 HRS. (Hour) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (City and State or Foreign Country) Annapolis Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Brewer

13b. MOTHER'S MAIDEN NAME Cynthia Myers

14. NAME OF HUSBAND OR WIFE Gally Castile

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. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fannie Slusher, Annapolis 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) influenza
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) vascular heart trouble
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 wks
many years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 481x

20. AUTOPSY? YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1956, to Jan 30, 1956, that I last saw the deceased alive on Jan 20, 1956, and that death occurred at 11:30 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. M. Siefert, M.D.

23b. ADDRESS Cesterville, Mo

23c. DATE SIGNED 2/13/56

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 2-3-56

24c. NAME OF CEMETERY OR CREMATORY Annapolis Cemetery

24d. LOCATION (City, town, or county) (State) Annapolis Mo.

DATE REC'D BY LOCAL REG. 2/7/56

REGISTRAR'S SIGNATURE C. M. Siefert

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Iron ton Mo.

Ansul F. White

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

APR 12 1956

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.....
Signature of Student Embalmer

Signed *Arnold J. White*.....

Licensed Embalmer No. *3012*

P. O. Address *Imperial*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.