V.S. No. 300
Rev. 10.48

FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11749

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. ~~60~~ 6093 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Marshall TWP
c. LENGTH OF STAY (In this place): 6 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 Mi. S. Shackelford,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY:
c. CITY OR TOWN: San Francisco
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 8048

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle): VINCENT
c. (Last): CASTLE

4. DATE OF DEATH (Month) (Day) (Year): April 1, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct. 19, 1900
9. AGE (In years last birthday): 55 — If under 1 year: Months ___ Days ___ — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Railroad Const.
11. BIRTHPLACE (City and State or Foreign Country): Herndon, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frank J. Castle
13b. MOTHER'S MAIDEN NAME: Rosa Lee Barr
14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ____
16. SOCIAL SECURITY NO.: 521-14-6692
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Chas. T. Castle Shackelford, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 Min.

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
4201
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): 4 - 1 - 57 - 2 a.m.
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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 2:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. L. Lawless M.D. Coroner Saline Co.
23b. ADDRESS: Marshall Mo
23c. DATE SIGNED: 4-4-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-3-1957
24c. NAME OF CEMETERY OR CREMATORY: St. Marys Catholic Cem.
24d. LOCATION (City, town, or county) (State): Shackelford, Mo.

DATE REC'D BY LOCAL REG.: 4-4-57
REGISTRAR'S SIGNATURE: Cecil N. Read
25. FUNERAL DIRECTOR'S SIGNATURE: Harry Hershberger
ADDRESS: Marshall, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

529

JUN 13 1957
MAY 7 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph R. Mackler

Licensed Embalmer No. 457

P. O. Address Marshal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.