

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009322

STATE FILE NUMBER

1098

MAR 19 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1098

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2309 Belleview		Length of stay in lb 31 yrs.	d. STREET ADDRESS (If outside, give location) 2309 Belleview
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last LUIS CASTELLO	4. DATE OF DEATH Month Day Year 2 22 59
---	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5 8 1883	9. AGE (In years) 75 (birthdays) 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) Packinghouse Laborer	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Eldorado, Texas	12. CITIZEN OF WHAT COUNTRY? U.S.
--	---	--	-----------------------------------

13a. FATHER'S NAME Luis Castillo	13b. MOTHER'S MAIDEN NAME Angeli " Unknown "	14. NAME OF HUSBAND OR WIFE Margaret Costello
----------------------------------	--	---

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. 708-10-5557	17. INFORMANT Address Record Clerk: K.C. Gen. Hosp.
--	-------------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic heart disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
--	--

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	--

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
---	---	--	---

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Arthur H. Owens</i>	22b. ADDRESS 1034 Quail Bldg	22c. DATE SIGNED 2-25-59
---	------------------------------	--------------------------

23a. BURIAL, CREMATION, or other disposition <i>buried</i>	23b. DATE 3-4-59	23c. NAME OF CEMETERY OR CREMATORY <i>St. Anthony College</i>	23d. LOCATION (City, town, or county) (State) Kansas City, Kan.
--	------------------	---	---

24. FUNERAL DIRECTOR <i>Weilert's</i>	ADDRESS 2332 Monitor Pl. K.C. Mo.	25. DATE RECD. BY LOCAL REG. 2-28-59	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>
---------------------------------------	-----------------------------------	--------------------------------------	--

High H. Owens USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 *B. E. Wentz*

Licensed Embalmer No. *4075*
P. O. Address... *K. C. S. Me*

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.