

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005288

AMENDED Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 826 STATE FILE NUMBER

DATE AMENDED: 2-23-61  
 INSTEAD OF: Dennis Eugene Casteel  
 DOCUMENT: Birth record.  
 MEDICAL CERTIFICATION: Penner  
 BY AFFIDAVIT OF: Funeral Home: Denver Eugene Casteel  
 ITEM NO.: 3 SHOULD READ: Denver Eugene Casteel

FILED VS MAR 3 1961

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hansas City Length of stay in lb Life  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Children's Mercy Hosp. Outside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY Jackson  
 c. CITY OR TOWN Independence Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 704 S. Crane Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Denver Middle Eugene Last Casteel  
Deannis

4. DATE OF DEATH Month Feb. Day 14 Year 1961

5. SEX M 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 7/25/58 9. AGE (last birthday) 2 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Hansas City, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Casteel, Norman Lester 13b. MOTHER'S MAIDEN NAME Arnold, Mary Louise 14. NAME OF HUSBAND OR WIFE None

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. 17. INFORMANT Oma Flora Casteel (aunt) Address 704 S. Crane

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Congenital heart disease consistent  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) atrioventricular commens  
 DUE TO (c)  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  N.  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year  
 20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 1-24-61 to 2-14-61 and last saw him alive on 2-14-61  
 Death occurred at 10:53 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S. Penner, M.D. 22b. ADDRESS 1700 Independence Ave 22c. DATE SIGNED 2-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-19-1961 23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery 23d. LOCATION (City, town, or county) (State) Independence, Mo.

24. FUNERAL DIRECTOR Geo. C. Cannon & Sons Independence, Mo. ADDRESS Independence, Mo. 25. DATE RECD. BY LOCAL REG. 2-16-61 26. REGISTRAR'S SIGNATURE Bruth Long

9631

**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 *A. Kenneth Patterson*

Licensed Embalmer No. 14697

P. O. Address *Indep. Miss.*

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.