

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0052131

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 6126 Registrar's No. 328

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 5 1967

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Twn 29 CURRENT TWP</u> Length of stay in 1b <u>20 yrs</u>		c. CITY OR TOWN <u>Ellington Box 298</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>own home</u>		d. STREET ADDRESS (If outside, give location) <u>16 mi West of Ellington</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Antonin</u> Middle <u>Fobias</u> Last <u>Castek</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>26</u> Year <u>1966</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-3-1901</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Czechoslovakia</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Alois Castek</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Sainer</u>	14. NAME OF HUSBAND OR WIFE <u>Emily Castek</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>153-03-7975</u>	17. INFORMANT Address <u>Emily Castek Box 298 Ellington M</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Reynolds Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>15 YRS</u> <u>15 YRS</u>
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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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)		
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20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m.	Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 1930 to DEC. 24/66 and last saw ^{when} him alive on DEC 24/66
Death occurred at 6:30 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Kenneth T Carter, MD</u>	22b. ADDRESS <u>Ellington, Mo.</u>	22c. DATE SIGNED <u>12/27/66</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-28-66</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>Memorial Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ellington, Mo.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Pewitt Funeral Home Ellington, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 2 67</u>	26. REGISTRAR'S SIGNATURE <u>Michael Roeser</u>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

VS 300	Rev. 4/59	1	1010	2	1010	3		4	0	5	1	6		7	2	8	0	9	4201	10		11		12	96-2	13	1-0
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USE BLACK INK OR TYPEWRITER RIBBON

MISSISSIPPI

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 Chas S. Bennett

Licensed Embalmer No. 4574

P. O. Address Felling, Mo

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.