N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

44028

1. PLACE OF DEATH
County Cass Grand Lodge Registration District No. 129
Township Shawnee Primary Registration District No. 5180
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. 21

2. FULL NAME Freeland D. Casteel

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~(OR) WIFE OF~~ Lora Casteel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-2-1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	72	10	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark Kansas

FATHER
13. NAME Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Fred Kalmenti New Santa Fe Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethel DATE 12-27 1936

19. UNDERTAKER (ADDRESS) McCambly Mortuary Harrisonville Mo

20. FILED 12-26 1936 F. J. Schorman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26-1936

22. I HEREBY CERTIFY, That I attended deceased from 12-20, 1936, to 12-26, 1936
I last saw him alive on 12-21, 1936 Death is said to have occurred on the date stated above, at 9:50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	
Chronic Myocarditis	

Other contributory causes of importance:
(Marked) Hypertension
Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify .....
(Signed) Albert M. Estes, M. D.
(Address) Jackson, Mo.

