

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5875

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flat River, 0942	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital		d. STREET ADDRESS (If rural, give location) 1421 East Main	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) T.	c. (Last) Callahan	4. DATE OF DEATH (Month) (Day) (Year) Feb. 8, 1950
--	----------------	--------------------	---

5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1	8. DATE OF BIRTH Jan. 1st 1878	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 7	Hours	Min.
---------------	------------------------	--	--------------------------------	------------------------------------	--------------------------	-------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner	10b. KIND OF BUSINESS OR INDUSTRY Lead Company	11. BIRTHPLACE (State or foreign country) Crawford Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U S
--	---	--	-------------------------------------

13a. FATHER'S NAME Thomas Callahan	13b. MOTHER'S MAIDEN NAME Sarah Eaton	14. NAME OF HUSBAND OR WIFE Rosie Callahan
---------------------------------------	--	---

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'S SIGNATURE OR NAME Rosie Callahan	ADDRESS 1421 E. Main Flat River
--	-------------------------	---	------------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute hemorrhagic pancreatitis</u>		INTERVAL BETWEEN ONSET AND DEATH Mo. <u>36 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 2-7, 1950, to 2-8, 1950, that I last saw the deceased alive on 2-8, 1950, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. C. Foster</u> (Degree or title) <u>MS.</u>	23b. ADDRESS <u>Desloge Mo.</u>	23c. DATE SIGNED <u>2-9-50.</u>
---	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb. 10, 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Meo. Pk. Near Desloge, Mo.</u>	24d. LOCATION (City, town, or county) (State)
---	------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Feb 11, 1950</u>	REGISTRAR'S SIGNATURE <u>Evelyn Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. C. Foster and Son</u>	ADDRESS <u>Desloge Mo.</u>
--	---	---	----------------------------

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

RECEIVED

FEB 21 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-242

**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 .....  
Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.