

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42453

State File No. ....

FILED DEC 17 1951

BIRTH NO. .... REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4397 Registrar's No. 6921

780

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

1. PLACE OF DEATH a. COUNTY <u>Geneseo</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Geneseo</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Coster</u>		c. LENGTH OF STAY (In this place) <u>19 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Coster</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED a. (First) <u>Saul</u> b. (Middle) <u>Christian</u> c. (Last) <u></u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>11-27-51</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>Col</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>unknown abt 72</u>	
9. AGE (In years at birthday) <u>72</u> IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>unknown</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u></u>	
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></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Randle</u>		ADDRESS <u>Coster Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic Carcinoma</u> DUE TO (c) <u></u> 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) <u>177X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>1/12</u> , 19 <u>49</u> , to <u>11/27</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-27</u> , 19 <u>51</u> , and that death occurred at <u>7:30 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>JM Callahan 2. D.O.</u>		23b. ADDRESS <u>Steele, Mo</u>	
23c. DATE SIGNED <u>12/10/51</u>		24a. FUNERAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>	
24b. DATE <u>11-28-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holly Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>German and Co</u>	
24f. ADDRESS <u>Steele Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>German and Co</u>	
DATE REC'D BY LOCAL REG. <u>12-14-51</u>		REGISTRAR'S SIGNATURE <u>249</u>	

12-51-317

Rec. DEC 14 1951

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri.

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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 \_\_\_\_\_

*No Embalmed*  
.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.