

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30165**
Registrar's No. **54-77**

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **5342** Registrar's No. **54-77**

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Da de	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN Rural Washington twp		c. CITY OR TOWN So Greenfield Mo	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		. STREET ADDRESS (If rural, give location) lmi.s.w. So Greenfield 0290	
d. FULL NAME OF HOSPITAL OR INSTITUTION lmi.s.w. So Greenfield			

3. NAME OF DECEASED (Type or Print) a. (First) Harm b. (Middle) Cleveland c. (Last) Call			4. DATE OF DEATH (Month) (Day) (Year) Sept 10, 1954		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 27, 1884	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR: Months 10 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Lawrence co Mo.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Andy Call	13b. MOTHER'S MAIDEN NAME Elizabeth Call	14. NAME OF HUSBAND OR WIFE Della Call
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Della Call Miller Mo	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. History of heart trouble			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1824	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **after death**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:00a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.R. Allison Coroner	23b. ADDRESS Greenfield Mo	23c. DATE SIGNED 9-10-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 12, 1954	24c. NAME OF CEMETERY OR CREMATORY Shiloh	24d. LOCATION (City, town, or county) (State) Dade Co Mo
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DATE REC'D BY LOCAL REG. 9-13-54	REGISTRAR'S SIGNATURE J. C. Canada 478	25. FUNERAL DIRECTOR'S SIGNATURE Allison Funeral Home	ADDRESS Greenfield Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *W.R. Allison*.....

Licensed Embalmer No. *440*

P. O. Address *Greenfield*

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.