

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3947

State File No. ....

FILED MAR 7 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 219

1. PLACE OF DEATH  
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Buchanan

b. CITY OR TOWN St. Joseph c. LENGTH OF STAY (in this place) 38 yrs

c. CITY OR TOWN St. Joseph d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 3308 South 11th Street

e. STREET ADDRESS (If rural, give location) 3308 South 11th Street 0117

3. NAME OF DECEASED (Type or Print)  
a. (First) LINVILLE b. (Middle) HAYS c. (Last) CALLISON

4. DATE OF DEATH (Month) (Day) (Year)  
FEBRUARY 21, 1955

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH August 7, 1885

9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired leather worker

10b. KIND OF BUSINESS OR INDUSTRY Wyeth Company

11. BIRTHPLACE (City and State or Foreign Country) Calloway County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Callison

13b. MOTHER'S MAIDEN NAME Martha Chick

14. NAME OF HUSBAND OR WIFE Caroline

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. 491-09-3357

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Caroline Callison, 3308 South 11th St.,

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary occlusion  
INTERVAL BETWEEN ONSET AND DEATH 5 minutes  
ANTECEDENT CAUSES  
Arteriosclerotic heart disease, Hypertensive  
DUE TO (b) Hypertensive  
3 years  
DUE TO (c) Arteriosclerosis  
Unknown  
II. OTHER SIGNIFICANT CONDITIONS  
Hypertension  
Unknown  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? YES  NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1954, to Feb 21, 1955, that I last saw the deceased alive on Feb 16, 1955, and that death occurred at 10:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Allen Spierman M.D.

23b. ADDRESS 706 Francis St., St. Joseph, Mo.

23c. DATE SIGNED 2-25-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Feb 24, 1955

24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery

24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

DATE REC'D BY LOCAL REG. Feb 28, 1955

REGISTRAR'S SIGNATURE Godwin M. Allison

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton - Bourman St. Joseph, Mo.

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 *Rayne Wood*.....

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St*

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.