

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18203

FILED JUL 14 1955

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>5186</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan		c. LENGTH OF STAY (in this place) 25 yr		c. CITY OR TOWN Sullivan Mo		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Northside Hospital				e. STREET ADDRESS (If rural, give location) 114 Oak			
3. NAME OF DECEASED (Type or Print) Edward		a. (First)		b. (Middle) James		c. (Last) Callahan	
4. DATE OF DEATH (Month) (Day) (Year) 7 11 1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 3-2-1886		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 4 Days 9		IF UNDER 1 HR. Hours Min. 	
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) Washington County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME James W Callahan		13b. MOTHER'S MAIDEN NAME Melvina Cane		14. NAME OF HUSBAND OR WIFE Rilla Bell 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. No		17. INFORMANT'S SIGNATURE OR NAME Carter Callahan ADDRESS Sullivan Mo			
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) Brancho pneumonia 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. Cerebral Hemorrhage & rt Hemiplegia				INTERVAL BETWEEN ONSET AND DEATH 7 days 2 wks	
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) (Min.)		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>7/2</u> , 19 <u>55</u> , to <u>7/11</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7/11</u> , 19 <u>55</u> and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John J. Detamore MD				23b. ADDRESS Sullivan, Mo		23c. DATE SIGNED 7/12/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-13-1955		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F Cemetery		24d. LOCATION (City, town, or county) (State) Sullivan Mo	
DATE REC'D BY LOCAL REG 7/12/55		REGISTRAR'S SIGNATURE Thomas A. Dempsey		25. FUNERAL DIRECTOR'S SIGNATURE Thos P. Baker		ADDRESS Sullivan Mo	

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

3610

0345

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 me..... Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul F. Krollen

Licensed Embalmer No. 2631

P. O. Address Sudder
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.