

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

19785

FILED JUL 12 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 60305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Cuivre)</u> c. LENGTH OF STAY (in this place) <u>75 Yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Mi. East of Wentzville</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Cuivre)</u> d. STREET ADDRESS (If rural, give location) <u>1 Mi. East of Wentzville</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Ann</u> c. (Last) <u>Callahan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 1955</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 13 1861</u>	9. AGE (In years last birthday) <u>94</u>	10. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Josephville Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Michael Murphey</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Kelley</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Callahan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>XXXXXX</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Callahan</u> <u>Wentzville, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL DEGENERATION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 YR</u> <u>2 YRS</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1/43X</u>	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) _____
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? <u>D</u>

22. I hereby certify that I attended the deceased from May 4, 1955, to June 17, 1955 that I last saw the deceased alive on June 17, 1955, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W E Bergesen D.O.</u>	23b. ADDRESS <u>Wentzville</u>	23c. DATE SIGNED <u>6-14-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 20, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Patricks Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wentzville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 20 1955</u>	REGISTRAR'S SIGNATURE <u>Mark F. Paul</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carlton P. Pitman</u> <u>Wentzville</u>
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(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed

Carlton J. Oltman

Licensed Embalmer No. *4974*

P. O. Address

Wentzville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.