

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4844</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>26 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		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 <u>St. Joseph Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3929 Chestnut St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Callahan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9, 1955</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 25, 1890</u>		9. AGE (in years last birthday) <u>64</u>	10. MONTHS <u>6</u>	11. DAYS <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wire drawer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sheffield Steel Corp. California, Mo.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>California, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Tom Callahan</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Swillium</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Callahan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>187 05 3817</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mildred Callahan, Kansas City, 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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>See Federal Subarachnoid</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Interstitial Hemorrhage</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>89 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accidental</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other building, etc.) <u>factory</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-9-55</u>		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by a band from machine</u>			
22. I hereby certify that I attended the deceased from <u>11-9-55</u> to <u>11-9-55</u> , that I last saw the deceased alive on <u>11-9-55</u> , and that death occurred at <u>9:25A</u> m., from the causes and on the date stated above.							
23. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>Hugh H. Owens</u>				23b. ADDRESS <u>Corner 1034 Rialto Bldg</u>		23c. DATE SIGNED <u>11-9-55</u>	
24. BURIAL, CREMATION, REPAIR (Specify) <u>Burial</u>		24b. DATE <u>11/12/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-10-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. C. Carson Independence, Mo.</u>			

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..... *J. H. Gibson*

Licensed Embalmer No. *487*.....

P. O. Address *Independence*.....

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.