

FILED JAN 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39916

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Harrisonville</u>		c. LENGTH OF STAY (In this place) <u>10 days</u>	c. CITY OR TOWN <u>Belton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harrisonville Memorial Hosp</u>		STREET ADDRESS (If rural, give location) <u>1 mile north Belton</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>	b. (Middle) <u>FARROW</u>	c. (Last) <u>ALLOWAY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-24-1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3-2-1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Store</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cass Co., Missouri</u>
13a. FATHER'S NAME <u>William S. Calloway</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wills</u>	14. NAME OF HUSBAND OR WIFE <u>Ollie Belle Calloway</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Arther Turner Belton, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CELLULITIS RIGHT LEG</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 DAYS</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>CONGESTIVE HEART FAILURE WITH ANEMIA</u>		<u>6 MOS.</u>
		DUE TO (c) <u>ARTERIO-SCLEROTIC HEART DISEASE</u>		<u>5 YEARS</u>
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.		<u>GENERALIZED ARTERIOSCLEROSIS</u>		<u>5 YEARS</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

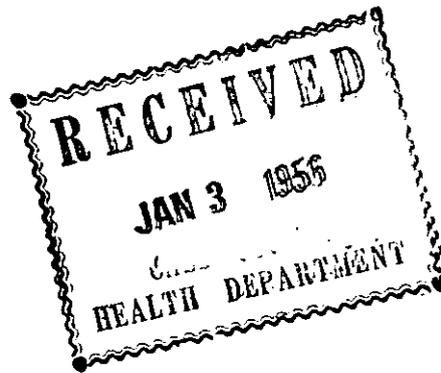
22. I hereby certify that I attended the deceased from December 12, 55, 1955, to December 24, 55, 1955, that I last saw the deceased alive on 12-24, 1955, and that death occurred at 4:30 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>J.C. Mandy</u>	23b. ADDRESS <u>HARRISONVILLE MISSOURI</u>	23c. DATE SIGNED <u>12-28-55</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-26-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Peculiar Cemetery</u>
DATE REC'D BY LOCAL REG <u>Dec. 29, 1955</u>		24d. LOCATION (City, town, or county) (State) <u>Peculiar Missouri</u>

REGISTRAR'S SIGNATURE <u>Nora Barward</u>	457-21	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. K. George & Sons Belton, Mo.</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.....
Signature of Student Embalmer

Signed Richard E. Beagle

Licensed Embalmer No. 395

P. O. Address Belted

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.