

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41559

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. CITY OR TOWN Sedalia	
c. LENGTH OF STAY (in this place) 2 yrs.		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 1710 West 11th		STREET ADDRESS (If rural, give location) 1710 West 11th	

3. NAME OF DECEASED (Type or Print) a. (First) GRACE b. (Middle) SHEPHERD c. (Last) CALLIES			4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Aug. 12, 1881		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY home-making		11. BIRTHPLACE (City and State or Foreign Country) Howard County Mo (New Paris)	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Shepherd		13b. MOTHER'S MAIDEN NAME Mary Fairee		14. NAME OF HUSBAND OR WIFE Fred Callies	
----------------------------------	--	---------------------------------------	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Phillips, 1710 W. 10th Sedalia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 30 yrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease		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.		416X					

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 1952, 19, to 12-10, 1955, that I last saw the deceased alive on 12-10, 1955, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE Alvin L. Lewis, M.D.		23b. ADDRESS Sedalia, Mo.		23c. DATE SIGNED 12-12-55	
-------------------------------------	--	---------------------------	--	---------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/12/55		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) Sedalia, Mo.	
--	--	--------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. 12-12-55		REGISTRAR'S SIGNATURE Lavinia Coontz Deputy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2517 Sedalia, Mo.	
-----------------------------------	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Jones

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. 53 working under my personal supervision..

Student *Donald R. Bellmer*
Signature of Student Embalmer

Signed *R. E. Baker*

Licensed Embalmer No. 241

P. O. Address *Sedalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.