No. 300
10-48

FILED JAN 21 1957

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

State File No. 2440

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 45

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

**1. PLACE OF DEATH**
a. COUNTY ST. CHARLES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St CHARLES
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1012 PINE St

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY St CHARLES
c. CITY OR TOWN St. CHARLES
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 1012 PINE St.

0923 30

**3. NAME OF DECEASED** (Type or Print) a. (First) MRS. MARY b. (Middle) c. (Last) CALLOWAY

**4. DATE OF DEATH** (Month) 1 (Day) 13 (Year) 1957

**5. SEX** FEMALE 2
**6. COLOR OR RACE** NEGRO
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widow 2
**8. DATE OF BIRTH** 2-18-1890
**9. AGE** (In years last birthday) 66 — 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) NIL
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (City and State or Foreign Country) St. CHARLES MO. 0
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** CHARLES CLAIRE
**13b. MOTHER'S MAIDEN NAME** FRANCES LUCAS
**14. NAME OF HUSBAND OR WIFE** DECEASED

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) NO (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME** Mrs. D. Boyd 1012 PINE St ADDRESS St. CHARLES 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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension
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

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 443x
**20. AUTOPSY?** 0 YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Dec-20, 1956 *to* Jan-13, 1957, *that I last saw the deceased alive on* Jan-12, 1957, *and that death occurred at* 7:45 *m.*, *from the causes and on the date stated above.*

**23a. SIGNATURE** Dr. F. H. Tyler (Degree or title) M.D.
**23b. ADDRESS** 200 N. Main St St Charles
**23c. DATE SIGNED** 1-14-57

**24a. BURIAL, CREMATION, REMOVAL** (Specify) REMOVAL
**24b. DATE** 1-16-57
**24c. NAME OF CEMETERY OR CREMATORY** OAK GROVE
**24d. LOCATION** (City, town, or county) St CHARLES (State) MO.

**DATE REC'D BY LOCAL REG.** Jan 13 1957
**REGISTRAR'S SIGNATURE** Hannah Hamilton
**25. FUNERAL DIRECTOR'S SIGNATURE** Bennie Love
**ADDRESS** 3103 Washington St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

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MAR 25 1957

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. W. Claude Gordon

Licensed Embalmer No. 348

P. O. Address 4575 Al
St Louis Mo

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