

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7324

FILED MAR 11 1957

STATE FILE NUMBER

Registration District No. 362

Primary Registration District No. 4531

Registrar's No. 27

300
-57

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| 1. PLACE OF DEATH a. COUNTY Warren | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrenton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Davis |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Katie Jane Home | | Length of stay in lb 7 Yrs | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Myrtle Middle Calloway Last Calloway | | | 4. DATE OF DEATH Month Feb. Day 17, Year 1957 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 15, 1868 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework at home | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 88 |
| 11. BIRTHPLACE (City and state or country) Davis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME John Calloway | | 13b. MOTHER'S MAIDEN NAME Barbara Dunn | 14. NAME OF HUSBAND OR WIFE unknown |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT Address Mrs Lewis Hutchens, Wentzville, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Verdict of Coroner's Jury. | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Death due to fire at Katie Jane Home, about 2:35 P.M. | | | |
| DUE TO (c) Origin of fire undetermined. 9/67 | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 40 | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Burning of Katie Jane Home | | |
| 20c. TIME OF INJURY 2:35 p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Warrenton Home | 20f. CITY, TOWN, OR LOCATION Warrenton | COUNTY Warren | STATE Mo |
| 21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) F. H. King Jr. D.C. Coroner | | 22b. ADDRESS Warrenton, Missouri | 22c. DATE SIGNED 3-10-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 2-24-57 | 23c. NAME OF CEMETERY OR CREMATORY Sulphur Lick Cem. | 23d. LOCATION (City, town, or county) (State) Lincoln Co. Missouri |
| 24. FUNERAL DIRECTOR ADDRESS D. W. McCoy Funeral, Home Troy, Mo. | | 25. DATE RECD. BY LOCAL REG. 3-10-57 | 26. REGISTRAR'S SIGNATURE Lloyd Logan |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John Thieburg*

Licensed Embalmer No. *3897*

P. O. Address *Warrenton, OR*

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.