

STANDARD CERTIFICATE OF DEATH

27603

State File No.

FILED AUG 18 1945

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 340

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: Freeman Hospital
(d) Length of stay: In hospital or institution 8 days
In this community 28 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 2207 Wall Avenue
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Gilbert Leslie Callard

3. (b) If veteran, name was Spanish-American 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Shellie May Callard 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 7, 1874

8. AGE: Years 71 Months 2 Days 20

9. Birthplace Iowa

10. Usual occupation type setter, retired

11. Industry or business newspaper

12. Name not known
13. Birthplace not known
14. Maiden name not known
15. Birthplace not known

16. (a) Informant Mrs. Shellie May Callard
(b) Address 2207 Wall, Joplin, Missouri

17. (a) burial (b) Date thereof 8/3/45

(c) Place: burial or cremation Ozark Memorial Park
18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 8-1-45 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1945 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 19 to July 27, 1945
that I last saw him alive on July 27, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Due to Chronic myocardial infarction & chronic nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature of physician
Date signed 8-1-45

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

19
2
5

45-7-650

SEP 11 10 1945

SEP 6 1945

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin Mo

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 this body is not embalmed, fact should be so stated above.