

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5667**
Registrar's No. **13**

FILED FEB 26 1948

Registration District No. **270**

Primary Registration District No. **3050**

1. PLACE OF DEATH:

(a) County **Pemiscot**

(b) City or town **Caruthersville**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1100 Adams, Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Life-time**
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot** **78**

(c) City or town **Caruthersville** **1**
(If outside city or town limits, write "RURAL")

(d) Street No. **1100 Adams, Ave.** **2**
(If rural, give location)

(e) Citizen of foreign country? **No** **0**
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Dennis Davens McCallum**

3. (b) If veteran, name war **X**

3. (c) Social Security No. **X**

4. Sex **Male** **0** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **X** **0**

6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased: **February** **15** **1948**
(Month) (Day) (Year)

8. AGE: Years **0** Months **0** Days **0** If less than one day **11** hr. **0** min.

9. Birthplace **Caruthersville, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **X**

11. Industry or business **X**

MOTHER FATHER

12. Name **Vivian McCallum**

13. Birthplace **Unknown Tenn.** /
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Dinnell**

15. Birthplace **Portageville, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Macil Medlin**

(b) Address **Caruthersville, Mo.**

17. (a) **Burial** (b) Date thereof **2/16/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Caruthersville, Mo.**

18. (a) Signature of funeral director **H.S. Smith Funeral Home**

(b) Address **Caruthersville, Mo.**

19. (a) **2/20/48** (b) **Jessie B. Weeks**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **16**, year **1948** hour **7** minute **A. M.**

21. I hereby certify that I attended the deceased from **Feb. 15 - 1948** to **Feb. 16 - 1948**, that I last saw him alive on **Feb. 16 - 1948**, and that death occurred on the date and hour stated above.

Immediate cause of death **Intracranial Hemorrhage** **1 day**
Duration

Due to **Birth injury**

Due to **Dystocia**

Other conditions **3**
(Include pregnancy within 3 months of death)

Major findings: Of operations **16 (OP)** **PHYSICIAN**
Underline the cause to which death should be charged statistically.

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? **0** (e) Means of injury **6**

23. Signature **J. R. Lissner** (M. D. or other) **6**

Address **Caruthersville, Mo.** Date signed **2-16-48**

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

78
1
2

2-48-54

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.....

Body was not embalmed..... Registered Apprentice No.....
working under my personal supervision.

Signed *James A. Osburn*.....

Licensed Embalmer No. *4185*.....

P. O. Address *Bartholomew, 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.