No. 300
10.48

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7783

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 58

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

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson-City
c. LENGTH OF STAY (in this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys-Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Morgan 71
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Barnett 3
d. STREET ADDRESS (If rural, give location): none - 1

3. NAME OF DECEASED (Type or Print)
a. (First): Hattie-
b. (Middle): May
c. (Last): Callison

4. DATE OF DEATH (Month) (Day) (Year): March-11 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married-1
8. DATE OF BIRTH: 4 Oct 1893
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 5, Days 7 — IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY: At-Home
11. BIRTHPLACE (State or foreign country): Miller-Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John-Nail
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Everett-Callison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Everett-Callison — ADDRESS: Barnett 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): Epidermoid Carcinoma of maxillary antrum

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 2 bilateral cervical & cranial metastases
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
196X

INTERVAL BETWEEN ONSET AND DEATH: no

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): none — —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): no m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the deceased from* Feb 11, 1949, *to* March 11, 1949, *that I last saw the deceased alive on* March 11, 1949, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Everett P. Sugarbaker M.D.
23b. ADDRESS: Jefferson-City-Mo
23c. DATE SIGNED: 11 March 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial-
24b. DATE: 13 March 49
24c. NAME OF CEMETERY OR CREMATORY: Hopewell Cem-
24d. LOCATION (City, town, or county) (State): Morgan-Co Mo

DATE REC'D BY LOCAL REG.: March 11-1949
REGISTRAR'S SIGNATURE: R.P. Darris MD-NR 58
25. FUNERAL DIRECTOR'S SIGNATURE: Keith M Kays — ADDRESS: Eldon Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 16 1949

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 .....
Student Embalmer

Signed Keith M Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon 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.