No. 300
10-48

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22738

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 251

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

1. PLACE OF DEATH
a. COUNTY: CALLAWAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FULTON
c. LENGTH OF STAY (In this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 406 E. 9th 5

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CALLAWAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FULTON 14
d. STREET ADDRESS (If rural, give location): 301 E. 5th 2

3. NAME OF DECEASED (Type or Print)
a. (First): GREENE
b. (Middle): DAY
c. (Last): McCALL

4. DATE OF DEATH (Month) (Day) (Year): July 22 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: NOV 19 1873
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 8, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MEDICAL DOCTOR
10b. KIND OF BUSINESS OR INDUSTRY: MEDICAL DOCTOR
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WILLIAM McCALL
13b. MOTHER'S MAIDEN NAME: MARTHA STUCKER
14. NAME OF HUSBAND OR WIFE: MINNIE McCALL

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Jack McCall — ADDRESS: St Louis 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): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 4 or 1 years
DUE TO (c): arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
multiple fractures of mandible, nose + zygoma, cystitis, chr — 7 weeks ~~[illegible]~~ years

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

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify): or not determined
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): His Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Fulton, Callaway Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 4 1949 ± 6:30 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Struck down by unknown assailant or fall downstairs

22. *I hereby certify that I attended the deceased from* July 4, 1949, *to* July 22, 1949, *that I last saw the deceased alive on* 7/22, 1949, *and that death occurred at* 3:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O Henry Dinst, M.D.
23b. ADDRESS: Fulton, Mo.
23c. DATE SIGNED: 7/23/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 24, 1949
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Fulton, Mo.

DATE REC'D BY LOCAL REG.: July 23-1949
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE: Glen Y Maupin — ADDRESS: Fulton, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 25 1949
District Health Officer No. 9,
District File Number.....

JAN 11 1960

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.

Signed J. D. Rosson

Signed.....
Student Embalmer

Licensed Embalmer No. 2555

P. O. Address Fulton 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.