

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33171**

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5140 Registrar's No. Hol.

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff, Mo. Rural</u>	
c. LENGTH OF STAY (In this place) <u>1934</u>		d. STREET ADDRESS (If rural, give location) <u>12 miles West on 60</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 Miles West on 60</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVE</u> b. (Middle) <u>F</u> c. (Last) <u>CALLOW</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 24, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 23, 1893</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired..Railroad</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash R.R.</u>	11. BIRTHPLACE (State or foreign country) <u>New Madrid, Mo. D</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm. Callow</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah-----</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Blanche Callow</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.1</u>	16. SOCIAL SECURITY NO. <u>499038286</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Blanche Callow....Poplar Bluff, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4202</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:20P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest Green 3 Coronet</u>	(Degree or title)	23b. ADDRESS <u>Poplar Bluff Mo</u>	23c. DATE SIGNED <u>10/20-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/28/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Butler County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 1-1949</u>	REGISTRAR'S SIGNATURE <u>Poplar Bluff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank - Lotz</u>	ADDRESS <u>Poplar Bluff, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 8 - RECD
1149-395-
BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

JAN 21 1950

6491 8 T ADN

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 *Scott A. Barrett*

Licensed Embalmer No. *3567*

P. O. Address *Poplar Bluff, 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.