

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36156**

FILED NOV 28 1949

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>331</u>			
1. PLACE OF DEATH a. COUNTY ADAIR				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY KNOX					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKSVILLE		c. LENGTH OF STAY (In this place) 8 da		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - GREENSBURG - TWP					
d. FULL NAME OF HOSPITAL OR INSTITUTION KCOS HOSPITAL				d. STREET ADDRESS (If rural, give location) TMI - N.W - BARING					
3. NAME OF DECEASED (Type or Print) a. (First) ANNA		b. (Middle) FELISSA		c. (Last) CALLAHAN		4. DATE OF DEATH (Month) (Day) (Year) NOV 14 1949			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH NOV. 28, 1858			
9. AGE (In years last birthday) 91		if UNDER 1 YEAR Months		if UNDER 1 YEAR Days		if UNDER 1 HR. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ILLINOIS			
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME MATHIAS REEFOY		13b. MOTHER'S MAIDEN NAME NANCY MILLER			
14. NAME OF HUSBAND OR WIFE CHAS. O. CALLAHAN				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME HERSCHEL CALLAHAN - BRASHEAR - MO				ADDRESS					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial Pneumonia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 8 days	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 Nov 6, 1949 , to Nov 14, 1949 , that I last saw the deceased alive on Nov 14, 1949 and that death occurred at 4:10 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Geo. B. Easley				23b. ADDRESS Mo.		23c. DATE SIGNED 11/15/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 16, 1949		24c. NAME OF CEMETERY OR CREMATORY PLEASANT RIDGE		24d. LOCATION (City, town, or county) (State) 5 MI - W - GREENSBURG MO			
DATE REC'D BY LOCAL REG. 11-15-49		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Geo B Easley		ADDRESS Hurdland Mo			

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

RECEIVED NOV 23 1940
District Health Officer No. 10
District File Number 11-47-120
Date Filed NOV 23 1940

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

Geo B Cooley Jr

Licensed Embalmer No. 3755

P. O. Address *Hurdland Ma*

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.