

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 591

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4136 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gower		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gower	
c. LENGTH OF STAY (in this place) All Life		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence			

3. NAME OF DECEASED (Type or Print) a. (First) Willis b. (Middle) J. c. (Last) Callaway			4. DATE OF DEATH (Month) (Day) (Year) Jan. 19-1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 11 1878		9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (State or foreign country) Clinton Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Stephen J. Callaway		13b. MOTHER'S MAIDEN NAME Nancy Courtney		14. NAME OF HUSBAND OR WIFE Mable Callaway	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 497-12-1476		17. INFORMANT'S SIGNATURE OR NAME Mable Callaway	
				ADDRESS Gower, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>			INTERVAL BETWEEN ONSET AND DEATH 24 hrs
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			334 V
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>myocarditis</u>			19 1/2
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 Jan 18, 1950, to Jan 19, 1950, that I last saw the deceased alive on Jan 18, 1950, and that death occurred at 7 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. B. Shelding M.D.</u>		23b. ADDRESS <u>Clinton Mo.</u>		23c. DATE SIGNED Jan 20-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 21-1950		24c. NAME OF CEMETERY OR CREMATORY Allen Cemetery	
				24d. LOCATION (City, town, or county) (State) Gower Mo.	

DATE REC'D BY LOCAL REG. Jan 21-1950		REGISTRAR'S SIGNATURE <u>Bernice Chatham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Murray</u>	
				ADDRESS Gower Mo.	

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

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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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John A. Murray

Licensed Embalmer No. 2893

P. O. Address Gower, Md.

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.