

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19184

Registrar's No. 76

BIRTH NO. _____		REG. DIST. NO. 370		PRIMARY REG. DIST. NO. 6255		Registrar's No. 76			
1. PLACE OF DEATH a. COUNTY Wayne				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wayne					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clubb		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clubb					
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Thomas c. (Last) McCallister			4. DATE OF DEATH (Month) (Day) (Year) Mar. 11, 1950						
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant 11	8. DATE OF BIRTH Mar. 8, 1950		9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (State or foreign country) Clubb, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME M. McCallister		13b. MOTHER'S MAIDEN NAME Evelyn Morris		14. NAME OF HUSBAND OR WIFE Infant					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No		17. INFORMANT'S SIGNATURE OR NAME M. McCallister		ADDRESS Clubb, 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) Suffocation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 7630	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				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) m.		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 _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <i>M. E. Bowles</i> (Degree or title) Coroner				23b. ADDRESS 321 North Main St. Piedmont, Missouri		23c. DATE SIGNED 3-13-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 11		24b. DATE 3-11-50		24c. NAME OF CEMETERY OR CREMATORY Woods		24d. LOCATION (City, town, or county) (State) Patterson, Missouri			
DATE REC'D BY LOCAL REG. May 11-50		REGISTRAR'S SIGNATURE Mabel Beasley 341		25. FUNERAL DIRECTOR'S SIGNATURE W. W. Gish		ADDRESS Piedmont, Mo.			

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

RECEIVED

MAY 15 1950

WAYNE CO. HEALTH CENTER

FILE No. 550-653

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, ~~of~~ Mo.

Marvin E. Bowles

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Marvin E. Bowles

Signed _____

Student Embalmer

Licensed Embalmer No. 4426

P. O. Address Piedmont, Missouri

-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.