

FILED SEP 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32447**

BIRTH NO. _____		REG. DIST. NO. 370		PRIMARY REG. DIST. NO. 6254		Registrar's No. 25			
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 Lodi		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lodi		1110			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print) a. (First) HERBERT			b. (Middle) LEE			c. (Last) McCALLISTER			
4. DATE OF DEATH (Month) (Day) (Year) SEPT. 21, 1950		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) no			
8. DATE OF BIRTH JAN. 16, 1944		9. AGE (In years) (Month) (Days) (If under 12 hrs. Hours) (Min.) 1 8 21		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none			
11. BIRTHPLACE (State or foreign country) Lodi, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME MILAN McCALLISTER		13b. MOTHER'S MAIDEN NAME EVELYN MORRIS		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME MILAN McCALLISTER ADDRESS Lodi 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute indigestion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Eating heavy foods - greasy DUE TO (c) (supp. report) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5442	
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) <input checked="" type="checkbox"/>		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 7:45 P.M. from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Marvin E. Boule, coroner				23b. ADDRESS Redwood		23c. DATE SIGNED 9-21-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 22, 1950		24c. NAME OF CEMETERY OR CREMATORY WOODS CEMETERY		24d. LOCATION (City, town, or county) (State) Lodi, Missouri			
DATE REC'D BY LOCAL REG. Sept, 22 50		REGISTRAR'S SIGNATURE Mabel Beasley		25. FUNERAL DIRECTOR'S SIGNATURE Marshall Funeral Home - Greenville, Mo.		ADDRESS J.S. Threshell			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 25 1950

WAYNE CO. HEALTH CENTER

FILE No. 950-678

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.....

Not embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.