S. No. 300
V. 10.48

0013
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32477

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 284

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Community Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 1056
d. STREET ADDRESS (If rural, give location): Milan, Mo., Route #5

3. NAME OF DECEASED (Type or Print)
a. (First): Elias
b. (Middle): H.
c. (Last): Callahan

4. DATE OF DEATH (Month) (Day) (Year): October 22, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: March 29, 1862
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 6, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sullivan Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown Martin Callahan
13b. MOTHER'S MAIDEN NAME: Unknown Niagara Clem
14. NAME OF HUSBAND OR WIFE: ~~None~~ never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Merrill Callahan — **ADDRESS**: Milan 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiac decompensation — 2 weeks

DUE TO (c) Arteriosclerosis — 15 years

II. OTHER SIGNIFICANT CONDITIONS: Cerebral thrombosis — 45 yrs

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 23, 1950, *to* Oct 22, 1950, *that I last saw the deceased alive on* Oct 22, 1950, *and that death occurred at* 3:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Vincent J. Strangio (Degree or title): D.O.
23b. ADDRESS: Community Nursing Home, Kirksville Mo
23c. DATE SIGNED: Oct 22, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/24/50
24c. NAME OF CEMETERY OR CREMATORY: Henry Cemetery
24d. LOCATION (City, town, or county) (State): Reger Mo

DATE REC'D BY LOCAL REG.: 10-24-50
REGISTRAR'S SIGNATURE: Nate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: Dwight Schoene — **ADDRESS**: MILAN MO

(Licensed Embalmer's Statement on Reverse Side)

Date Received: OCT 31 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-1809
Date Filed: OCT 31 1950

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Dwight Behrens

Licensed Embalmer No. 2667

P. O. Address Milan - 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.