

FILED MAR 5 1951 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

Dr. J. Turner
 State File No. 4482
 Registrar's No. 169

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Moody	
c. LENGTH OF STAY (In this place) 1 wk.		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John Hosp.			
3. NAME OF DECEASED (Type or Print) a. (First) Noel		b. (Middle) F.	
		c. (Last) McCallon Jr.	
4. DATE OF DEATH Feb. 25, 1951			
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 10 1903	
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster	
11. BIRTHPLACE (State or foreign country) Moody, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME N.F. McCallon		13b. MOTHER'S MAIDEN NAME Mary Kellett	
14. NAME OF HUSBAND OR WIFE Lillian McCallon			
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. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillian McCallon Moody, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac embolus			INTERVAL BETWEEN ONSET AND DEATH Minutes
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES DUE TO (b) Peritonitis			2 wks
DUE TO (c) Perforated peptic ulcer			20 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Deformity of legs and spine due to old poliomyelitis.			Years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5401	
20. AUTOPSY? YES <input checked="" 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)		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 2-18-51 , 19 51 , to 2-25-51 , 19 51 , that I last saw the deceased alive on 2-25-51 , 19 51 , and that death occurred at 11:45 p. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Homer C. Marshall, M.D.		23b. ADDRESS Professional Bldg., Springfield, Mo.	
23c. DATE SIGNED 2-26-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/28/51	
24c. NAME OF CEMETERY OR CREMATORY Moody		24d. LOCATION (City, town, or county) (State) Moody, Mo.	
DATE REC'D BY LOCAL REG. 2-27-51		REGISTRAR'S SIGNATURE W.E. Handley	
25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer		ADDRESS Springfield, Mo.	

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

03960

MAR 23 1951

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 Walter E. Hamet

Signed.....
Student Embalmer

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.