

FILED MAY 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

19118

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Marshall Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marion City 3888</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State School</u>		d. STREET ADDRESS (If rural, give location) <u>6808 S. Benton</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emily</u> b. (Middle) <u>Frances</u> c. (Last) <u>McCallum</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 19 1951</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov 14</u>
9. AGE (In years last birthday) <u>23</u>		10. MONTH DAY YEAR <u>2 5</u>	IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>patient</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State School</u>	11. BIRTHPLACE (State or foreign country) <u>Jackson County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>M. B. McCallum</u>	
13b. MOTHER'S MAIDEN NAME <u>Emily Dunn</u>		14. NAME OF HUSBAND OR WIFE <u>Frank</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>K</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mo State School Records</u>
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>Epilepsy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>3533</u>	
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 <u>Aug 15, 1944</u> , to <u>May 19, 1951</u> , that I last saw the deceased alive on <u>May 18, 1951</u> , and that death occurred at <u>5:20 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James H. Davidson M.D.</u>		23b. ADDRESS <u>Marshall Mo.</u>	
23c. DATE SIGNED <u>May 19 1951</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Mount Washington Cem.</u>	
23e. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		23f. _____	
DATE REC'D BY LOCAL REG. <u>May-19-1951</u>		REGISTRAR'S SIGNATURE <u>Sidney T Gray</u>	
FUNDAL DIRECTOR'S SIGNATURE <u>Campbell + Lewis</u>		ADDRESS <u>Marshall, Mo.</u>	

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

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RECEIVED 5-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-21-51 _____

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed *James H. Lewis Jr.*

Signed _____
Student Embalmer

Licensed Embalmer No. *4709*

P. O. Address *Marshall, W. Va.*

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.