S. No. 300
Rev. 10.48

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22682

0396

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 601

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Burge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Miller, Rural 0550
d. STREET ADDRESS (If rural, give location) Miller Mo. Route 1

3. NAME OF DECEASED (Type or Print) a. (First) TIMOTHY b. (Middle) ANTHONY c. (Last) CALLAHAN
4. DATE OF DEATH (Month) (Day) (Year) July 10, 1951
5. SEX Male
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 19, 1897
9. AGE (In years last birthday) 53 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tourist Court Operator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Limerick Ireland
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Timothy Callahan Sr.
13b. MOTHER'S MAIDEN NAME Joan Hedderman
14. NAME OF HUSBAND OR WIFE Hazel Callahan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. 382-05-2228
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hazel Callahan Miller 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial Hypertension — 10 yrs.
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 331x
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* 7-10, 1951, *to* 7-10, 1951, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 12:55a *m., from the causes and on the date stated above.*

23a. SIGNATURE S. M. Klingner (Degree or title) M.D.
23b. ADDRESS Springfield, Mo.
23c. DATE SIGNED 7-11-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 14-51
24c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery
24d. LOCATION (City, town, or county) (State) Springfield, Mo.
DATE REC'D BY LOCAL REG. 7-13-51
REGISTRAR'S SIGNATURE W E Handley M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W.Klingner & Co. Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 27 1957

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 Max Rhodes

Signed.....
Student Embalmer

Licensed Embalmer No. 4071

P. O. Address Spring Fu

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.