

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

S. No. 500
EV. 10.48

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **526**

0420

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY OR TOWN Thindsor		c. CITY OR TOWN Thindsor	
c. LENGTH OF STAY (In this place) 14 years		d. STREET ADDRESS (If rural, give location) 223 North Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 223 North Street		d. STREET ADDRESS (If rural, give location) 223 North Street	
3. NAME OF DECEASED (Type or Print) a. (First) MAUDE b. (Middle) CATHERINE M c. (Last) CALLOUGH		4. DATE OF DEATH (Month) (Day) (Year) Oct. 11 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 13, 1886
9. AGE (In years) last birthday 65		IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Thindsor Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Levi Leonard	
13b. MOTHER'S MAIDEN NAME Mary Krew		14. NAME OF HUSBAND OR WIFE Edward M Callough	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Garnett M Callough		ADDRESS Thindsor 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic Heart Disease 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 4200	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 6-3 , 19 51 , to Oct 11 , 19 51 , that I last saw the deceased alive on Oct 11 , 19 51 , and that death occurred at 1:35 a m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) G. Claude M. Thurber M.D.		23b. ADDRESS U Winder Mo.	
23c. DATE SIGNED 10/12/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 10-13-51		24c. NAME OF CEMETERY OR CREMATORY Lansel Oak	
24d. LOCATION (City, town, or county) (State) Thindsor, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Huston Turner	
DATE REC'D BY LOCAL REG. Oct. 13-51		REGISTRAR'S SIGNATURE Florence Adair ADDRESS Thindsor Mo.	

RECEIVED OCT 22 1951
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed OCT 22 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.