

FILED NOV 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37108**

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 5561 Registrar's No. _____

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Howell</u> <u>0460</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osborn Sprague</u> <u>4496</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osborn Sprague</u> <u>0460</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>✓</u> | |

3. NAME OF DECEASED a. (First) Ewing b. (Middle) Callinan c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) 8-12-51

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 8. DATE OF BIRTH 8-5-1907 9. AGE (In years last birthday) 44 0 7 IF UNDER 1 YEAR Months IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no chance 10b. KIND OF BUSINESS OR INDUSTRY ✓ 11. BIRTHPLACE (State or foreign country) Douglas Co., Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Callinan 13b. MOTHER'S MAIDEN NAME Martha Johnson 14. NAME OF HUSBAND OR WIFE Figgie Callinan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. 499-07-7052 17. INFORMANT'S SIGNATURE OR NAME Figgie Callinan ADDRESS Osborn Sprague

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death not determined
ANTECEDENT CAUSES No evidence of foul play or accident
DUE TO (b) _____
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
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 7953 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE E. Callinan M.D. (Degree or title) 23b. ADDRESS West Plains, Missouri 23c. DATE SIGNED 8/28/51

24a. BURIAL, CREMATION, REMOVAL (Specify) 18 24b. DATE 8/14-51 24c. NAME OF CEMETERY OR CREMATORY Osborn Sprague 24d. LOCATION (City, town or county) (State) Osborn Sprague, Mo

DATE REC'D BY LOCAL REG. _____ REGISTRAR'S SIGNATURE 387 25. GENERAL DIRECTOR'S SIGNATURE Robertson, West Plains Mo ADDRESS _____

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED NOV 10 1951
Dist. File 1151-1981
Date Filed 11-14-51

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.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3437

P. O. Address _____

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.