

FILED DEC 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38364

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Texas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla, MO</b>		c. LENGTH OF STAY (If this place) <b>3 mo.</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Summersville, Mo</b>		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rolla Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Rural</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Clyde</b> b. (Middle) <b>Clifford</b> c. (Last) <b>McCallister</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 1 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 4 1907</b>	9. AGE (In years last birthday) <b>44</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Eugene McCallister</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Griffith</b>	14. NAME OF HUSBAND OR WIFE <b>Pearl McCallister</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>334-22-5905</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Pearl McCallister</b>	ADDRESS <b>Summersville, Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>Approx. 1 1/2 Hrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Shock...Internal hemorrhage in left pleural</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fractured neck and back injury.</b> DUE TO (c) <b>E8230</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>32</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 63</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Near Edgar Springs Phelps Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <b>Nov. 30 1951 3:50 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Lost control of truck, overturned 16 miles south of Rolla.</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased Deceased on Dec. 1 1951, and that death occurred at 1:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE <b>S. B. Neill</b> (Degree or title) <b>Phelps County Coroner</b>	23b. ADDRESS <b>Rolla, Missouri</b>	23c. DATE SIGNED <b>12/2/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec 2 51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Summersville, Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Summersville, Mo</b>
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DATE REC'D BY LOCAL REG. <b>Dec. 3, 1951</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Duncan funeral</b>	ADDRESS <b>Home Mtn View, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2367 TWB

RECEIVED  
Phipps County Health Officer,  
County File Number  
Date Filed 12-10-51

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

Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.