

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42621

FILED JAN 3- 1952

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>299</u>		PRIMARY REG. DIST. NO. <u>4563</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bunker</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bunker</u>		b. COUNTY <u>Reynolds</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			

3. NAME OF DECEASED a. (First) <u>Dacia</u>			b. (Middle) <u>Callahan</u>			c. (Last) <u>Callahan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7 1951</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>7-13-1880</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Reynolds Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S. P.</u>	

13a. FATHER'S NAME <u>Marion Brantley</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Deaton</u>			14. NAME OF HUSBAND OR WIFE <u>Frank Callahan</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>—</u>			16. SOCIAL SECURITY NO. <u>—</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Callahan Bunker</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						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsisemia</u>							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Broken Hip</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"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident in the home</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in the home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bunker Reynolds Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>?</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Woman a fall</u>	

22. I hereby certify that I attended the deceased from Sept 15, 1951, to Oct. 7, 1951, that I last saw the deceased alive on Oct. 4, 1951, and that death occurred at 4:35 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. M. Subpatra M.D.</u>		23b. ADDRESS <u>Centerville Mo</u>		23c. DATE SIGNED <u>11/30/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 8, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Redford</u>	
		24d. LOCATION (City, town, or county) (State) <u>Redford Mo</u>			

DATE REC'D BY LOCAL REG. <u>11/30/51</u>		REGISTRAR'S SIGNATURE <u>C. M. Subpatra</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas. S. Smith Ellington</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....  
Student Embalmer

Signed Chas. J. Hewitt

Licensed Embalmer No. 4574

P. O. Address Ellington, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.