No. 300
10.48

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

FILED JAN 26 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

1990

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 4311 Registrar's No. 133

610
1

**1. PLACE OF DEATH**
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Callao
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): ---

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Callao 0610
d. STREET ADDRESS (If rural, give location): 8 ---

**3. NAME OF DECEASED** (Type or Print)
a. (First): Forrest
b. (Middle): L.
c. (Last): Call

**4. DATE OF DEATH** (Month) (Day) (Year): 1 1 52

**5. SEX**: Male 0

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1

**8. DATE OF BIRTH**: 5-7-52 92

**9. AGE** (In years last birthday): 59 (1) 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): Farmer

**10b. KIND OF BUSINESS OR INDUSTRY**: Farming

**11. BIRTHPLACE** (State or foreign country): New Cambria, Missouri 0

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: John Andy Call

**13b. MOTHER'S MAIDEN NAME**: Elisabeth Green

**14. NAME OF HUSBAND OR WIFE**: Della Call

**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.**: ---

**17. INFORMANT'S SIGNATURE OR NAME**: Della Call
ADDRESS: Callao, 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) Hypotension — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Cystitis — D. K

**19a. DATE OF OPERATION**:

**19b. MAJOR FINDINGS OF OPERATION**: 4670

**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* Dec 16, 1951, *to* Dec 24, 1951, *that I last saw the deceased alive on* Dec 29, 1951, *and that death occurred at* 5 a m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: C. D. West (Degree or title) M.D.
**23b. ADDRESS**: New Cambria Mo
**23c. DATE SIGNED**: Jan 4-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 1-3-52
**24c. NAME OF CEMETERY OR CREMATORY**: Locust Grove Cemetery
**24d. LOCATION** (City, town, or county) (State): Callao Missouri

DATE REC'D BY LOCAL REG.: 1-6-52
REGISTRAR'S SIGNATURE: Josephine King 397
**25. FUNERAL DIRECTOR'S SIGNATURE**: D. G. Edwards
ADDRESS: Bevier Mo

(Licensed Embalmer's Statement on Reverse Side)

Thursday

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RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 1-37-18
Date Filed 1-24-52

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 James D Davis

Licensed Embalmer No. 4478

P. O. Address Bevier, Missouri

Signed _____
Student Embalmer

**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.