

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2271

BIRTH NO.		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 8	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Phelps		b. CITY (If outside corporate limits, write RURAL and give township) Rolla		a. STATE Missouri		b. COUNTY Dent	
c. LENGTH OF STAY (In this place) 3 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Watkins township		d. STREET ADDRESS None		Rural 0330	
d. FULL NAME OF HOSPITAL OR INSTITUTION 600 East 14th Street				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) JAMES	b. (Middle) THOMAS	c. (Last) CALLAHAN	Month Jan.	Day 22	Year 1952	Male	0
6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH January 26, 1868	9. AGE (In years last birthday) 83	10. 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) Dent County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Alexander Callahan	13b. MOTHER'S MAIDEN NAME: Nancy Gregory	14. NAME OF HUSBAND OR WIFE Emma	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ernest Tune	ADDRESS Rolla, 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, asthma, 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)	Coronary Thrombosis					2 weeks	
ANTECEDENT CAUSES	Mortbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					Unknown	
DUE TO (b)	Arterio-sclerosis, general					Unknown	
DUE TO (c)	Degenerative Heart Disease					Unknown	
II. OTHER SIGNIFICANT CONDITIONS*	None						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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? 4201					
22. I hereby certify that I attended the deceased from 1 Oct, 1951, to 22 Jan, 1952, that I last saw the deceased alive on 22 Jan, 1952, and that death occurred at 8:10 A. M., from the causes and on the date stated above.							
23a. SIGNATURE Mr. Ernest Tune	(Degree or title)	23b. ADDRESS Rolla, Mo	23c. DATE SIGNED 22 Jan 1952				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 24, 1952	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery	24d. LOCATION (City, town, or county) (State) Dent Co., Mo.				
DATE REC'D BY LOCAL REG. Jan. 23, 1952	REGISTRAR'S SIGNATURE Nadine L. Stall	380	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null	ADDRESS Rolla, Mo.			

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

RECEIVED

Phelps County Health Officer,

County File Number

Date Filed

1-28-52

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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 Charles E. Brown

Licensed Embalmer No. 4794

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.