

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6285
1615

FILED MAR 5 1952

State File No. _____
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 1615			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____							
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Rich Hill		0070					
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hosp.				d. STREET ADDRESS (If rural, give location) _____							
3. NAME OF DECEASED (Type or Print) a. (First) IVYL b. (Middle) Charles c. (Last) Callender			4. DATE OF DEATH (Month) (Day) (Year) 2-20-52								
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 28, 1887		9. AGE (In years last birthday) 64	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 10 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegraph work			10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Woodbine, Iowa		12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Wm. J. Callender			13b. MOTHER'S MAIDEN NAME Alva Mae Sisson			14. NAME OF HUSBAND OR WIFE Nauna Callender					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 702-16-7403		17. INFORMANT'S SIGNATURE OR NAME Nauna Callender						ADDRESS Rich Hill	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF LARYNX INTERVAL BETWEEN ONSET AND DEATH 1 yr *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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.											
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) Nov 7 1951			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 16 ft						
22. I hereby certify that I attended the deceased from Nov 7, 1951 , to Feb 20, 1952 , that I last saw the deceased alive on Feb 19, 1952 , and that death occurred at 7:32 Am. , from the causes and on the date stated above.											
23a. SIGNATURE John T. Underwood MD (Degree or title)					23b. ADDRESS 1504 So Grand			23c. DATE SIGNED 2/20/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-20-52		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Rich Hill, Mo					
DATE REC'D BY LOCAL REG. FEB 20 1952		REGISTRAR'S SIGNATURE Carl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE Booth J. H. ADDRESS Rich Hill, Mo						

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

7387 L2 2272

APR 21 1951

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

Ronald O Yahnke

Signed.....
Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address *St Louis*

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.