

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>228</u>	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Adair			
b. CITY OR TOWN Kirksville		c. LENGTH OF STAY in this place Life		c. CITY OR TOWN Kirksville		d. STREET ADDRESS (If rural, give location) Kirksville	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Stickler Hospital				d. STREET ADDRESS (If rural, give location) Kirksville			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) Green		c. (Last) Callop		4. DATE OF DEATH (Month) (Day) (Year) June 20, 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH June 29, 1872		9. AGE (In years last birthday) 79	10. IF UNDER 1 YEAR (Months) (Days) 11 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer		11. BIRTHPLACE (State or foreign country) Adair County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Callop			13b. MOTHER'S MAIDEN NAME Rebecca McKinney			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. Unk		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmer Callop Kirksville, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Prostate				1 yr.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Seraility 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 19, 1952</u> to <u>June 20, 1952</u> , that I last saw the deceased alive on <u>June 19, 1952</u> , and that death occurred at <u>12:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) RD Stickler M.D. Kirksville Mo.				23b. ADDRESS		23c. DATE SIGNED 6-20-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 22, 52		24c. NAME OF CEMETERY OR CREMATORY East Center Cemetery		24d. LOCATION (City, town, or county) (State) N.E. Kirksville, Mo.	
DATE REC'D BY LOCAL REG. 6-23-52		REGISTRAR'S SIGNATURE Kate Lambert			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Randolph Davis - Kirksville		

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

Donald L. Roberts

Licensed Embalmer No. ~~12345~~ #7

P. O. Address *Finkville, 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.