S. No. 300
Rev. 10-48

FILED SEP 3 - 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29017

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5962 Registrar's No. 21

3830

1. PLACE OF DEATH
a. COUNTY Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Marshall
c. LENGTH OF STAY (in this place) 3 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R.F.D. # 1, Weston, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace Marshall 0110
d. STREET ADDRESS (If rural, give location) General Delivery

3. NAME OF DECEASED (Type or Print) a. (First) REUBEN b. (Middle) WILLIAM c. (Last) CALLAWAY

4. DATE OF DEATH (Month) 8 (Day) 25 (Year) 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11-4-1870
9. AGE (In years last birthday) 81 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 Farm
11. BIRTHPLACE (State or foreign country) Platte County, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Callaway
13b. MOTHER'S MAIDEN NAME Elizabeth Jones
14. NAME OF HUSBAND OR WIFE Jane Callaway

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. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jane Callaway, Wallace, Missouri

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) Uro Sepsis — 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) Prostatitis, ch. glomerulo Nephritis — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cystitis — 5 yrs.

19a. DATE OF OPERATION XXX
19b. MAJOR FINDINGS OF OPERATION XXXXXX 610X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) XXXX
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXX
21c. (CITY, TOWN, OR TOWNSHIP) Weston (COUNTY) Platte (STATE) Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) XXXXXX m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? XXXXX

22. *I hereby certify that I attended the deceased from* Aug 25, 1952 *to* Aug 25, 1925, *that I last saw the deceased alive on* Aug 25, 1952, *and that death occurred at* 3:35P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Lewis C. Calvert M.D.
23b. ADDRESS Weston Missouri
23c. DATE SIGNED 8/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-27-1952
24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cem.
24d. LOCATION (City, town, or county) (State) Weston, Missouri

DATE REC'D BY LOCAL REG. Aug 27-52
REGISTRAR'S SIGNATURE Ophia Rollins, 257 0
25. FUNERAL DIRECTOR'S SIGNATURE John E. Kupp ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student ..... Student Embalmer

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.