

No. 300  
10. 48

FILED NOV 17 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37546

BIRTH NO. REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5017 Registrar's No. 88

1. PLACE OF DEATH  
a. COUNTY Andrew  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEAR SAVANNAH  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION Ford Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY ANDREW  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ford Nursing Home  
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED  
a. (First) Benjamin b. (Middle) M. c. (Last) CALLON

4. DATE OF DEATH (Month) (Day) (Year)  
11 - 8 - 1952

5. SEX Male

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S 0

8. DATE OF BIRTH 4-10-1868

9. AGE (in years last birthday) 84  
If under 1 year: Months 6 Days 28  
If under 1 year: 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

11. BIRTHPLACE (State or foreign country) Andrew Co Mo

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME William M. Callon

13b. MOTHER'S MAIDEN NAME Levina Caricker

14. NAME OF HUSBAND OR WIFE

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
William M. Callon Fillmore 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cardio-Vascular - Renal disease  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arterio-sclerosis  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
1 yr.  
5 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 442X

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 9-20-1952, to 11-8-1952, that I last saw the deceased alive on 10-21-1952, and that death occurred at 7 AM, from the causes and on the date stated above.

23a. SIGNATURE (Signature or title) Gilbert B. Kelley MD

23b. ADDRESS Savannah, Missouri

23c. DATE SIGNED 11-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 11-12-52

24c. NAME OF CEMETERY OR CREMATORY Shady Lawn

24d. LOCATION (City, town, or county) (State) NEAR SAVANNAH MO

DATE REC'D BY LOCAL REG. 11-12-52

REGISTRAR'S SIGNATURE Gilbert B. Kelley

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Breit Funeral Home SAVANNAH MO

(Licensed Embalmer's Statement on Reverse Side)

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

020  
04

**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..... *E. C. Breit* .....

Licensed Embalmer No. *2650*

P. O. Address *Swansea 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.