

STANDARD CERTIFICATE OF DEATH

State File No. **44021**

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

FILED DEC 30 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **543** Registrar's No. **3107**

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| 1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings c. LENGTH OF STAY (In this place) 3 mons d. FULL NAME OF HOSPITAL OR INSTITUTION 8846 Blewett avenue | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Lou c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings U. 138 d. STREET ADDRESS (If rural, give location) 8846 Blewett avenue | |
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| 3. NAME OF DECEASED (Type or Print) WALTER a. (First) WALTER b. (Middle) V. c. (Last) MC CALL | | 4. DATE OF DEATH (Month) (Day) (Year) 12-3-52 | | 5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | | 8. DATE OF BIRTH 4-27-1894 9. AGE (In years last birthday) 58 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 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 (City and State or Foreign Country) Gatewood, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |

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| 13a. FATHER'S NAME Edward McCall | 13b. MOTHER'S MAIDEN NAME Ann Pea | 14. NAME OF HUSBAND OR WIFE single |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW#1 | 16. SOCIAL SECURITY NO. 500-18-2113 | 17. INFORMANT'S SIGNATURE OR NAME Carter Davis ADDRESS 8846 Blewett av |
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| 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) carcinoma of lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH 2 hrs |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 163X | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE Herbert R. Domke (Degree or title) Herbert R. Domke M.D., Local Registrar | 23b. ADDRESS 651 S. Brentwood Blvd. | 23c. DATE SIGNED 12/2/52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | 24b. DATE 12-4-52 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Doniphan, Mo. |
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| DATE REC'D BY LOCAL REG. 12-4-52 | REGISTRAR'S SIGNATURE Herbert R. Domke - M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Black and Edwards ADDRESS Doniphan Mo |
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FEB 3 1953

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 _____

Licensed Embalmer No. 266

P. O. Address Ans 91

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.