

S. No. 300  
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1669  
16

JAN 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5568</u>		Registrar's No. <u>16</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blue Rural</u>		c. LENGTH OF STAY (In this place) <u>75 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo. Rural Blue</u>		d. STREET ADDRESS (If rural, give location) <u>112 S. Hawthorne</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 112 S. Hawthorne</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 10, 1953</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Everett</u>		b. (Middle) <u>B.</u>		c. (Last) <u>Callaway</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 4, 1877</u>			
9. AGE (In years last birthday) <u>75</u>		# UNDER 1 YEAR Months		# UNDER 1 YEAR Days		# UNDER 1 MRS. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired truck Driver</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Laundry</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Madison, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>									
13a. FATHER'S NAME <u>Peter H. Callaway</u>			13b. MOTHER'S MAIDEN NAME <u>Nanny B. Combs</u>			14. NAME OF HUSBAND OR WIFE <u>Mary E. Callaway (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bethena Casey, Grain Valley, Missouri</u>		ADDRESS			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacterial Pneumonia</u>				DUE TO (b) <u>atelectasis</u>				<u>2 days</u>	
ANTECEDENT CAUSES				DUE TO (c) <u>Diabetes mellitus</u>				<u>chronic</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>chronic</u>	
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 type="checkbox"/>			21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 10, 1951</u> , to <u>Jan 10, 1953</u> , that I last saw the deceased alive on <u>Jan 10, 1953</u> , and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. G. Hickerson M.D.</u>				23b. ADDRESS <u>Independence Mo.</u>		23c. DATE SIGNED <u>Jan 12-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/14/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-13-53</u>		REGISTRAR'S SIGNATURE <u>James D. Callahan</u>		FUNDING DIRECTOR'S SIGNATURE <u>Joe B. Gerson</u>		ADDRESS <u>Independence, Mo.</u>			

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

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**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 Harold E. Meador

Licensed Embalmer No. 4609

P. O. Address July 3, 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.