

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5398**

FILED MAR 9 - 1953

BIRTH NO. _____		REG. DIST. NO. 115		PRIMARY REG. DIST. NO. 5433		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) Union R.P.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Washington		0362	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 604 Locust			
3. NAME OF DECEASED (First) James			b. (Middle) Joe		c. (Last) McCallister		4. DATE OF DEATH (Month) (Day) (Year) March 5th 1953
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH March 24 1928	
9. AGE (In years last birthday) 24		10. KIND OF BUSINESS OR INDUSTRY Shoe worker		11. BIRTHPLACE (State or foreign country) Washington Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Shoe worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe worker		11. BIRTHPLACE (State or foreign country) Washington Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jeff H. McCallister			13b. MOTHER'S MAIDEN NAME Lillie Reese			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) yes. Korean		16. SOCIAL SECURITY NO. Korran		17. INFORMANT'S SIGNATURE OR NAME Lillie Gardner ADDRESS Washington 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auto Accident on		DUE TO (b) Washington - Union Road				INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (c) Fractured Skull		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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Highway #49		21c. (CITY, TOWN, OR TOWNSHIP) Union Franklin Mo (COUNTY) Franklin (STATE) Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 5, 1953 4:00 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto Accident excessive speed			
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.							
23a. SIGNATURE Ernest R. Ottman (Degree or title) coroner				23b. ADDRESS Franklin Mo		23c. DATE SIGNED Mar 5, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/8/53		24c. NAME OF CEMETERY OR CREMATORY Odd Fellow		24d. LOCATION (City, town, or county) (State) Washington Mo	
DATE REC'D BY LOCAL REG. Mar 6, 1953		REGISTRAR'S SIGNATURE F. J. Cooper		25. FUNERAL DIRECTOR'S SIGNATURE Lester Witt ADDRESS Washington Mo			

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

MAR 18 1953

MAY 4 1953

MAR 12 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 Lester Vittis

Licensed Embalmer No. 3254

P. O. Address Washington, Md.

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.