

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13713**

FILED MAY 9 1953 REG. DIST. NO. **87** PRIMARY REG. DIST. NO. **5324** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY CRAWFORD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE MO. b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL BOONE		c. CITY (If outside corporate limits, write RURAL and give township) RURAL BOONE	
c. LENGTH OF STAY (in this place) 6 MO.		d. STREET ADDRESS (If rural, give location) R.R. SULLIVAN, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. SULLIVAN, MO.			

3. NAME OF DECEASED (Type or Print) a. (First) LINDA b. (Middle) Sue c. (Last) MSCALLISTER			4. DATE OF DEATH (Month) (Day) (Year) MAY 5 1953		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) CHILD 0	
8. DATE OF BIRTH JULY 1, 1932		9. AGE (in years last birthday) 10		10. IF UNDER 1 YEAR Days 76 Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		10b. KIND OF BUSINESS OR INDUSTRY CHILD		11. BIRTHPLACE (State or foreign country) LICKING, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME VERNON MSCALLISTER		13b. MOTHER'S MAIDEN NAME VIOLA WALLS		14. NAME OF HUSBAND OR WIFE CHILD	
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. NO		17. INFORMANT'S SIGNATURE OR NAME VERNON MSCALLISTER ADDRESS SULLIVAN 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia				INTERVAL BETWEEN ONSET AND DEATH 2 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) measles				2 wks.	
		DUE TO (c)					
		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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		0851	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **April 21, 1953**, to **April 21, 1953**, that I last saw the deceased alive on **April 21, 1953**, and that death occurred at **P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Reese M. Heath (Degree or title) DO		23b. ADDRESS Sullivan, Mo.		23c. DATE SIGNED 5/6/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5/7/53		24c. NAME OF CEMETERY OR CREMATORY CROSSROADS CEMETERY, LEASBURG, MO.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE H. Meaton ADDRESS Sullivan, Mo.			
DATE REC'D BY LOCAL REG. May 6, 1953		REGISTRAR'S SIGNATURE E. Long			

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10-48
280
2500
1

JUN 1 0 1952

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 J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan, 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.