S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17331

State File No.

FILED JUN 8 1953

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4092 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harrisonville
c. LENGTH OF STAY (In this place) 21 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1003 W. Mechanic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harrisonville 0191
d. STREET ADDRESS (If rural, give location) 1003 W. Mechanic

3. NAME OF DECEASED (Type or Print)
a. (First) Alpheus
b. (Middle) Gibson
c. (Last) Calloway

4. DATE OF DEATH (Month) (Day) (Year) June 3 - 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3
8. DATE OF BIRTH Nov. 6 1884
9. AGE (In years last birthday) 68
If under 1 year: Months Days
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer
10b. KIND OF BUSINESS OR INDUSTRY County Bridge.
11. BIRTHPLACE (State or foreign country) Peculiar Mo 0
12. CITIZEN OF WHAT COUNTRY? US-A

13a. FATHER'S NAME Thomas M. Calloway
13b. MOTHER'S MAIDEN NAME Mary K. Wills
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 496-05-5435
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Marshall Calloway. Otterville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH 1 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ARTERIAL SCLEROSIS

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 ☐ 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* 5 - 27 - *,* 1953*, to* 6 - 3 - *,* 1953*, that I last saw the deceased alive on* 6 - 3 - *,* 1953*, and that death occurred at* 9:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE David Long M.D.
(Degree or title)
23b. ADDRESS Harrisonville Mo.
23c. DATE SIGNED 6-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June. 5 53
24c. NAME OF CEMETERY OR CREMATORY Wills Cemetery
24d. LOCATION (City, town, or county) Peculiar (State) Mo

DATE REC'D BY LOCAL REG. June 5, 1953
REGISTRAR'S SIGNATURE Dora Barnard
25. FUNERAL DIRECTOR'S SIGNATURE Atkinson & Son
ADDRESS Harrisonville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

0191
1

RECEIVED
JUN 6
CASS COUNTY
HEALTH DEPARTMENT

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 Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.

no.