

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17932**

FILED JUN 9 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2626**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 50 yrs	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joseph Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 7218 South Benton	

3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) Frank c. (Last) Callahan		4. DATE OF DEATH (Month) (Day) (Year) May 24 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 23, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN STOCK YARDS		10b. KIND OF BUSINESS OR INDUSTRY FARMER'S STORE	9. AGE (In years last birthday) 58
11. BIRTHPLACE (City and State or Foreign Country) WASHINGTON COUNTY KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME THOMAS CALLAHAN	13b. MOTHER'S MAIDEN NAME JESSIE SINGLETON	14. NAME OF HUSBAND OR WIFE Mrs. MYRTLE CALLAHAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W. W. I.	16. SOCIAL SECURITY NO. 495-05-8139	17. INFORMANT'S SIGNATURE OR NAME MRS MYRTLE CALLAHAN	ADDRESS K.C. MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH May 1953
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Emphysema of stomach		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			151X

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 15, 1953**, to **May 24, 1953**, that I last saw the deceased alive on **May 24, 1953**, and that death occurred at **11:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE George W. Griffith (Degree or title) M.D. MD	23b. ADDRESS 733 Negley Park	23c. DATE SIGNED 5-25-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 27-53	24c. NAME OF CEMETERY OR CREMATORY Forest Hill	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
DATE REC'D BY LOCAL REG. 5-26-53	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Old Newsom's Sons ADDRESS Kansas City Mo	

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

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.....
Signature of Student Embalmer

Signed *Edward M. Stone*.....

Licensed Embalmer No. *448*

P. O. Address *K.C. 10*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.