

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **21016**
2758

BIRTH NO. _____		REG. DIST. NO. <u>393</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City North</u>			c. LENGTH OF STAY (In this place) <u>30 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City North</u>			598
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5144 Bellaire</u>				d. STREET ADDRESS (If rural, give location) <u>5144 Bellaire</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Callen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 29-53</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 4-1887</u>		9. AGE (In years last birthday) <u>65</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Interior Decorator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Household</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Brockwayville, Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>Alvin C. Callen</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Bowdish</u>		14. NAME OF HUSBAND OR WIFE <u>Florence C. Callen</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Florence Callen</u> ADDRESS <u>5144 Bellaire K.C. Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>					INTERVAL BETWEEN ONSET AND DEATH <u>4201</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>5-29, 1953</u> , to <u>5-29, 1953</u> , that I last saw the deceased alive on <u>5-29, 1953</u> , and that death occurred at <u>10:45 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ray B. Horton</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Phycocom Village No. Kansas City, Mo.</u>		23c. DATE SIGNED <u>5-31-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Remove</u>		24b. DATE <u>May 29-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>6-1-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		FUNERAL DIRECTOR'S SIGNATURE <u>James C. Archer</u> ADDRESS <u>Liberty, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300
488

FILED JUN 23 1953

2/18/77

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 John Kenyon

Licensed Embalmer No. 4448

P. O. Address Liberty, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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