

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21888**  
REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **289**

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		d. STREET ADDRESS (If rural, give location) <b>2116 GRAND ST. 04<sup>95</sup> 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2116 GRAND ST.</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>NETTIE</b> b. (Middle) <b>MAY</b> c. (Last) <b>HARK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 13 1953</b>				
5. SEX <b>FEM. 1</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>		8. DATE OF BIRTH <b>MAY 18 1867</b>	
9. AGE (in years last birthday) <b>86</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>SHELBY CO. INDIANA</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JOHN M. CALLAHAN</b>		13b. MOTHER'S MAIDEN NAME <b>MARY ELLEN HARK</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS RALPH ADAMS. Joplin Mo.</b>			
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.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>			
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Uremia</b>				<b>4 mo.</b>			
DUE TO (c) <b>Chronic interstitial nephritis</b>				<b>5 yrs.</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral hemorrhage</b>				<b>3 yrs</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>592X</b>				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) 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 last saw the deceased from <b>June 1, 1953</b> , to <b>June 13, 1953</b> , that I last saw the deceased alive on <b>6-12-53</b> , and that death occurred at <b>4:35 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>K. G. Mahoney, D.O.</b>				23b. ADDRESS <b>Joplin Mo</b>		23c. DATE SIGNED <b>6-15-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>6-15-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>L.O.D.F.</b>		24d. LOCATION (City, town, or county) (State) <b>Neosho Missouri</b>	
DATE REC'D BY LOCAL REG. <b>6-16-53</b>		REGISTRAR'S SIGNATURE <b>Ed S. James 138</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Carly Thompson St. Neosho Mo</b>			

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

RECEIVED 6-29-53  
Jasper County Health Office  
County File Number 53-6-549  
Date Filed 6-29-53

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 Carley Thompson  
Licensed Embalmer No. 4861

P. O. Address Wesley, 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.