No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28148

BIRTH NO. _____ REG. DIST. NO. 91 PRIMARY REG. DIST. NO. 5930 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY: Crawford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cherryville
c. LENGTH OF STAY (in this place): 0280
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Crawford
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cherryville
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Lonzo
b. (Middle):
c. (Last): Callahan

4. DATE OF DEATH (Month) 8 (Day) 11 (Year) 53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: April 13, 1898 (1898)
9. AGE (In years last birthday): 55 — If under 1 year: Months 3, Days 28 — 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: —
11. BIRTHPLACE (City and State or Foreign Country): Sullivan, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Tom Callahan
13b. MOTHER'S MAIDEN NAME: Pearlina Pratt
14. NAME OF HUSBAND OR WIFE: —

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.:
17. INFORMANT'S SIGNATURE OR NAME: Jesse Callahan — **ADDRESS**: Cherryville

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) Not known - no doctor in attendance - Had dysentery for 2 weeks before death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 048X
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 _____ 19__, to _____, 19__, that I last saw the deceased alive on* Sept. 4, 1952, *and that death occurred at* 5:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Jno H Robey (Degree or title) D.O.
23b. ADDRESS: Steelville Mo
23c. DATE SIGNED: 8/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-13-53
24c. NAME OF CEMETERY OR CREMATORY: Martin Cemetery
24d. LOCATION (City, town, or county) (State): Cherryville Mo.

DATE REC'D BY LOCAL REG.: 8/15/53
REGISTRAR'S SIGNATURE: Elsie Hanson
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Jonas Funeral Home Steelville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. Harry M Jo

working under my personal supervision.

Student .....
Student Embalmer

Signed Harry M Jonson

Licensed Embalmer No. 2428

P. O. Address Steubenville Mi

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

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