

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

28176

State File No.

No. 300
10.48

FILED **AUG 24 1953**

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4164 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Davies</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Oklahoma</u> b. COUNTY <u>Pottawatomie</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Altamont</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shawnee</u> <u>8350</u>	
c. LENGTH OF STAY (in this place) <u>2 Months</u>		d. STREET ADDRESS (If rural, give location) <u>410 Louisa Street</u> <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Thomas</u> c. (Last) <u>McCaleb</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 12 1953</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 20 1869</u>		9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 MIN. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Grocery</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Alabama</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>(Unknown) McCaleb</u>			13b. MOTHER'S MAIDEN NAME <u>(Unknown)</u>			14. NAME OF HUSBAND OR WIFE <u>Mary F. McCaleb (Dec'd)</u>					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lloyd McQueen, Altamont, Mo.</u>								ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio vascular renal disease.</u>										<u>1 yr.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intestinal obstruction</u>										<u>5 days.</u>	
		DUE TO (c) _____											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5705</u>											

19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		
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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?			
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22. I hereby certify that I attended the deceased from Aug 1, 1953, to Aug 13, 1953, that I last saw the deceased alive on Aug 12, 1953, and that death occurred at 8:15P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Z. S. Salyer M.D.</u> (Degree or title)			23b. ADDRESS <u>Gallatin Mo.</u>			23c. DATE SIGNED <u>8-16-53</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-13-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shawnee Okla.</u>		24d. LOCATION (City, town, or county) (State) <u>Shawnee, Oklahoma</u>					
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DATE REC'D BY LOCAL REG. <u>8-18-53</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Engelman</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u>			ADDRESS <u>Gallatin, Mo.</u>		
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(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed

L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Dallatin, 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.