

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

35791

4760

FILED OCT 23 1953 BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4760

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson <i>3468</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) -	c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			e. STREET ADDRESS (If rural, give location) 110 3629 Genesee (Bsmt.)		
3. NAME OF DECEASED (Type or Print) William		a. (First) H	b. (Middle)	c. (Last) Callen	4. DATE OF DEATH (Month) (Day) (Year) 10 - 3 - 53
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-14-89	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Apt. Bldg.	11. BIRTHPLACE (City and State or Foreign Country) Clearfield, Pa. /		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Isaac Callen		13b. MOTHER'S MAIDEN NAME Agnes Cashner		14. NAME OF HUSBAND OR WIFE Cora B. Callen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-03-8099	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Cora B. Callen- 3629 Genessee		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma c metastases		ANTECEDENT CAUSES			DUE TO (b) _____
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			162*
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 8-12 , 1953, to 10-3 , 1953, that I last saw the deceased alive on 10-3 , 1953, and that death occurred at 1 AM m., from the causes and on the date stated above.					
23a. SIGNATURE B.I. Burns (Degree or title) <i>B.I. Burns, M.D.</i>			23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 10-3-53
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE OCT 4, '53	24c. NAME OF CEMETERY OR CREMATORY VANDALIA Cem.	24d. LOCATION (City, town, or county) (State) VANDALIA, Mo.	
DATE REC'D BY LOCAL REG. 10-3-53		REGISTRAR'S SIGNATURE Geroldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS QUIRK, & TOBIN Co. 200 W. Lincoln	

(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.....
Signature of Student Embalmer

Signed *Forest D. Colman*.....

Licensed Embalmer No. *4754*.....

P. O. Address *K. E. 310*.....

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.