

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37078

State File No. _____

FILED OCT 27 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9467

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 1 day		c. CITY OR TOWN Maplewood		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 St. Johns Hospital				e. STREET ADDRESS (If rural, give location) 2317 Oakview Terr.				
3. NAME OF DECEASED (Type or Print) Charles E. Callison			a. (First)	b. (Middle) E.	c. (Last) Callison	4. DATE OF DEATH (Month) (Day) (Year) Oct. 2nd 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 15 1897		9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Days 1	IF UNDER 12 HRS. Min. 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Floor Man		10b. KIND OF BUSINESS OR INDUSTRY Scruggs		11. BIRTHPLACE (City and State or Foreign Country) Kiowa, Kansas		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Elisha A. Callison		13b. MOTHER'S MAIDEN NAME Annie Erwin		14. NAME OF HUSBAND OR WIFE Goldie Callison				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Goldie Callison		ADDRESS Above		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the direct cause or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Heart Disease with Posterior Myo Cardial Infarction</i>				DUE TO (b)				3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201				
22. I hereby certify that I attended the deceased from <i>Sept. 30, 1953</i> , to <i>Oct. 2, 1953</i> , that I last saw the deceased alive on <i>Oct. 1, 1953</i> , and that death occurred at <i>7 a. m.</i> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <i>Thorton A. Dill M.D.</i>				23b. ADDRESS <i>7346a Manchester and Maplewood 17, Mo.</i>		23c. DATE SIGNED <i>10-2-53</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <i>10-4-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Wheeler Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Dixon, Mo.</i>			
DATE REC'D BY LOCAL REG. <i>OCT 2 1953</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Jay B. Smith</i>		ADDRESS <i>Maplewood, Mo.</i>		

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

Case No. 37078

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..... *W.P. Burgess*
Licensed Embalmer No. *402*
P. O. Address *Maple*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of St. Louis } ss.

State File No. 37078-13
Local Registrar's No. 9467

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 27th day of October, 1953, before me appears.....

Goldie Callison, who, upon her oath, states that the original record of ~~birth~~ death
for Charles E. Callison ^{died} October 2nd, 1953 in the State of
Missouri, and which was filed at St. Louis, Missouri, ^{born} Oct. 2, 1953, should be corrected as follows:

Item No. 3-b should read. "E"

Instead of "A"

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL) Affiant Goldie Callison Widow
Relationship.

2317 Oakview Terrace
Maplewood, Missouri

Subscribed and sworn to before me this 27th day of October, 1953.

My Commission expires 10-23-1954 Ruth E. Evans Notary Public.

Documents containing creases will not be accepted, draw one line through error and write above it.

S-37078

