

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38197

State File No. _____

FILED NOV 20 1953

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5058 Registrar's No. 79

8-050

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

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Monett.</u>		c. LENGTH OF STAY (in this place) <u>65 Yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 1 1/2 Mile East, Monett</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 1 1/2 Mile East, Monett</u>	
3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>CALLAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 30, 1888</u>
9. AGE (in years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Barry County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John. J. Callan</u>	
13b. MOTHER'S MAIDEN NAME <u>Rose Conrev</u>		14. NAME OF HUSBAND OR WIFE <u>Adeline DeBross Callan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>497-24-2754</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Adeline Callan</u>		ADDRESS <u>Monett, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> 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"/>		<u>331X</u>	
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 <u>June 1, 1952</u> to <u>Nov 4, 1953</u> , that I last saw the deceased alive on <u>Nov 4, 1953</u> , and that death occurred at <u>7:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>F. J. Edwards, M.D.</u> (Degree or title)		23b. ADDRESS <u>Monett, Mo.</u>	
23c. DATE SIGNED <u>11-8-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov. 6, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>	
24d. LOCATION (City, town, or county) (State) <u>Monett, Mo. (Lawrence)</u>		DATE REC'D BY LOCAL REG. <u>11-9-53</u>	
REGISTRAR'S SIGNATURE <u>Katherine Henderson</u>		53. FUNERAL DIRECTOR'S SIGNATURE <u>W. Buchanan</u> ADDRESS <u>Monett, Mo.</u>	

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 J.P. Buchanan
Licensed Embalmer No. 3199

P. O. Address Monte No.

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.