

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

State File No. **8538**

BIRTH NO. **FILED MAR 31 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1192**

| | | | | | |
|---|--|--|---|--|---------------------------------|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY JACKSON | | a. STATE MISSOURI | | b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | c. CITY OR TOWN KANSAS CITY | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. LENGTH OF STAY (in this place) 35 YEARS | | e. STREET ADDRESS (If rural, give location) 622 HUNTINGTON ROAD 2940 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 622 HUNTINGTON ROAD | | | | | |
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | |
| a. (First) SCOTT | | | (Month) (Day) (Year) MARCH 14 1954 | | |
| b. (Middle) DAVID | | | c. (Last) CALLAWAY | | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | |
| 8. DATE OF BIRTH MAY 16, 1889 | | 9. AGE (In years last birthday) 64 | | 10. IF UNDER 1 YEAR: Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER - S. D. CALLAWAY | | 10b. KIND OF BUSINESS OR INDUSTRY MANUFACTURERS AGENTS | | 11. BIRTHPLACE (City and State or Foreign Country) NEVADA, MISSOURI | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME LUTHER H. CALLAWAY | | 13b. MOTHER'S MAIDEN NAME JULIA GORDON | |
| 14. NAME OF HUSBAND OR WIFE SYLVIA CALLAWAY | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. - | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs Sylvia Callaway | | 18. ADDRESS 622 HUNTINGTON RD. | | | |
| 18. CAUSE OF DEATH | | | | | |
| Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS | | | |
| ANTECEDENT CAUSES | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) _____ | | | |
| DUE TO (c) _____ | | 4201 | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural | | 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 <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Hugh H. Owens (Degree or title) | | | 23b. ADDRESS 1034 Pinalto Blvd | | 23c. DATE SIGNED 3-15-54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION | | 24b. DATE MARCH 17, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS | |
| 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI | | 25. FUNERAL DIRECTOR'S SIGNATURE Hugh Newcomer's Sons ADDRESS 1331 Branch Creek Blvd | | | |
| DATE REC'D BY LOCAL REG. 3-17-54 | | REGISTRAR'S SIGNATURE Seraldine Smith | | ADDRESS Kansas City, Mo | |

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 *John B Lewis*.....
Licensed Embalmer No. *4875*

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.