

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14986**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **583**

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | |
| c. LENGTH OF STAY (in this place) 28 Yrs | | d. STREET ADDRESS (If rural, give location) 721 No. 10 th St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Wyeth Park Area | | | |

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|--|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) ETHELBERT b. (Middle) JOHN c. (Last) McCALL | | | 4. DATE OF DEATH (Month) (Day) (Year) June 4, 1954 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Dec. 2, 1897 | 9. AGE (In years last birthday) 56 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic | | 10b. KIND OF BUSINESS OR INDUSTRY Repair | 11. BIRTHPLACE (State or foreign country) St. Joseph, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME David McCall | | 13b. MOTHER'S MAIDEN NAME One Gibson | | 14. NAME OF HUSBAND OR WIFE none | |
| 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. 491-09-6805 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Pearl McCall, St. Joseph, Mo. | |

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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation by Hanging | | INTERVAL BETWEEN ONSET AND DEATH 1 day | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) Man hanged himself with a cloth line rope around his neck, and the rope fastened over a limb of a tree DUE TO (c) Man hanged himself with a cloth line rope around his neck, and the rope fastened over a limb of a tree | | | |
| 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) Suicide | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) Wyeth Hill | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Mo |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 4th 1954 1:00 P.M. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Man hung himself |

22. I hereby certify that I examined the deceased from **on 6/4, 1954**, to **1:00 P.M.**, 19**54**, that I last saw the deceased alive on **6/4, 1954**, and that death occurred at **1:00 P.M.**, from the causes and on the date stated above.

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|--|-------------------------|---|--|--------------------------------|--|
| 23a. SIGNATURE (Degree or title) H. F. Mundy (Coroner) MD | | 23b. ADDRESS St. Joseph, Mo. | | 23c. DATE SIGNED 6/9/54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6/6/54 | 24c. NAME OF CEMETERY OR CREMATORY Agency Cemetery | 24d. LOCATION (City, town, or county) (State) Agency, Mo. | | |

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| DATE REC'D BY LOCAL REG. June 8, 1954 | REGISTRAR'S SIGNATURE Kathleen M. Allison | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barney Funeral Home - St. Joseph |
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(Licensed Embalmer's Statement on Reverse Side)

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

1961 6 70P

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 Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address ~~4212~~

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.

St Joseph M