

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34247

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 411

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>	c. LENGTH OF STAY (In this place) <u>1 1/2 days</u>	c. CITY OR TOWN <u>Independence</u>	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 <u>Indep. San & Hosp.</u>		STREET ADDRESS (If rural, give location) <u>326 South Hunter</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Katherine</u> b. (Middle) <u>E.</u> c. (Last) <u>Callan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 19 1954</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 27 1932</u>	9. AGE (In years last birthday) <u>22</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Independence, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Charles Cannon</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Taylor</u>	14. NAME OF HUSBAND OR WIFE <u>Harlan F. Callan</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-32-5838</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harlan F. Callan Indep. 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>45 da</u> <u>45 da</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pericarditis - acute</u> <u>transmural</u> <u>febrile</u> <u>monocytic acute</u> DUE TO (b) <u>febrile</u> <u>monocytic acute</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 <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>

22. I hereby certify that I attended the deceased from Oct 17, 1954, to Oct 19, 1954, that I last saw the deceased alive on Oct 19, 1954, and that death occurred at 7:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John H. Green M.D.</u>	23b. ADDRESS <u>Independence Mo</u>	23c. DATE SIGNED <u>10-20-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 22, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Washington</u>
24d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>		

DATE REC'D BY LOCAL REG. <u>10-22-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 354	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilson L. Kopy Indep. Mo</u>
--	--	--

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

JAN 24 1953

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.....
Wilton T. Kessler

Licensed Embalmer No.
422

P. O. Address.....
Indep

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.