

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40748

BIRTH NO. _____		REG. DIST. NO. 141		PRIMARY REG. DIST. NO. 3025		Registrar's No. 76	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (In this place) <u>2 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains, Mo.</u>		0460	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Steel Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>R. 2. D.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gas. Samuel</u> b. (Middle) <u>Callahan</u> c. (Last) <u>Callahan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-23-54</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>8/21-1885</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>20</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>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Credon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm Callahan</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Helenton</u>		14. NAME OF HUSBAND OR WIFE <u></u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u></u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sylvia Burns, West Plains Mo</u> ADDRESS <u></u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				DUE TO (b) <u>Chronic Nephritis</u>			<u>3 mo.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) <u>592X</u>			<u>yr</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Strangulated Inguinal hernia</u>			<u>15 days</u>
<u>Perforated Duodenum</u>				<u>Ulcer</u>			<u>15 Days</u>
19a. DATE OF OPERATION <u>12-8-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Generalized Peritonitis</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>12-8</u> , 19 <u>54</u> to <u>12-22</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12-22</u> , 19 <u>54</u> , and that death occurred at <u>1:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Jess Steel M.D.</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>West Plains Mo</u>		23c. DATE SIGNED <u>1/2/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u></u>		24b. DATE <u>12/26/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Credon</u>		24d. LOCATION (City, town, or county) (State) <u>Credon Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-10-55</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heberlons, West Plains Mo</u>		ADDRESS <u></u>	

(Licensed Embalmer's Statement on Reverse Side)

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

ROBERTSON'S FUNERAL HOME
WEST PLAINS, MISSOURI



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. D. Roberts*

Licensed Embalmer No. *3437*

P. O. Address *West Plains*

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.