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FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29888
State File No.

BIRTH NO. 45144-55 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 357

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) OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (In this place) <u>1 mo. 29d</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>	
e. STREET ADDRESS (If rural, give location) <u>10609 East 27th 100th</u>		3. NAME OF DECEASED a. (First) <u>Denis</u> b. (Middle) <u>Mark</u> c. (Last) <u>Callahan</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-19-1955</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>Cauc-</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	
8. DATE OF BIRTH <u>July 20-1955</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 HR. <u>1</u> <u>29</u> <u>1</u> <u>29</u> Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Independence - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William J. Callahan</u>		13b. MOTHER'S MAIDEN NAME <u>Bernadine Arendt</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>-</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William J. Callahan</u> ADDRESS <u>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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrophobia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diphtheria</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>751X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>60 days</u> <u>60 days</u>
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19a. DATE OF OPERATION <u>9/19/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hydrophobia & multiplication of brain</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) 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 July 20, 1955, to Sept 19, 1955, that I last saw the deceased alive on Sept 19, 1955, and that death occurred at 12 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Brough MD</u> (Degree or title)		23b. ADDRESS <u>317 W. Korissa</u>		23c. DATE SIGNED <u>9/20/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 21, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>		24e. NAME OF CEMETERY OR CREMATORY <u>Kansas City</u>		24f. LOCATION (City, town, or county) (State) <u>Mo.</u>	

DATE REC'D BY LOCAL REG. <u>9-21-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>359</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Roland G. Speaks - Indep Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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 *Raymond M. Hardy*.....

Licensed Embalmer No. *49*.....

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.