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

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34330

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 4411 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bowling Green
c. LENGTH OF STAY (In this place): 33 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 820 W. Centennial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pike
c. CITY OR TOWN: Bowling Green
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 820 W. Centennial

08205

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Phillip
c. (Last): McCallister

4. DATE OF DEATH (Month) (Day) (Year): 10-12-55

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-4-1880
9. AGE (In years last birthday): 75 — If under 1 year: Months: 9 Days: 8 — If under 1 hr.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service station and cafe operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Griggsville Illinois
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: John McCallister
13b. MOTHER'S MAIDEN NAME: Frances Wade
14. NAME OF HUSBAND OR WIFE: Mayme McCallister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 486-38-6862A
17. INFORMANT'S SIGNATURE OR NAME: Mayme McCallister — ADDRESS: Bowling Green

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Large bowel obstruction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Probable metastasized CA — 2 months
DUE TO (c) Multiple diverticuli colon — years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 153X
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1953, *to* Oct 12, 1955, *that I last saw the deceased alive on* Oct 12, 1955, *and that death occurred at* 1:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Evan L. Shreve MD
23b. ADDRESS: Vandalia Mo
23c. DATE SIGNED: 10/13/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-14-55
24c. NAME OF CEMETERY OR CREMATORY: Green Lawn
24d. LOCATION (City, town, or county) (State): Bowling Green Missouri

DATE REC'D BY LOCAL REG.: 10-19-55
REGISTRAR'S SIGNATURE: Bill Robinson 254
25. FUNERAL DIRECTOR'S SIGNATURE: J. A. Mudd — ADDRESS: Bowling Green Mo

(Licensed Embalmer's Statement on Reverse Side)

NOV 10 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James O. Mudd

Licensed Embalmer No. 415

P. O. Address Bowling Gr

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.