

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41262**

BIRTH NO. _____ REG. DIST. NO. **181** PRIMARY REG. DIST. NO. **4293** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elsberry	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Elsberry	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Home		e. STREET ADDRESS (If rural, give location) North Third St 0570	

3. NAME OF DECEASED (Type or Print) JONNA	a. (First)	b. (Middle) Huggard	c. (Last) McCallister	4. DATE OF DEATH (Month) (Day) (Year) 12 19 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-5-1873	9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 0 Days 9 IF UNDER 4 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) Seamstress	10b. KIND OF BUSINESS OR INDUSTRY Glove	11. BIRTHPLACE (City and State or Foreign Country) Pike County Illinois		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Winfield Huggard	13b. MOTHER'S MAIDEN NAME Josephine Stapleton	14. NAME OF HUSBAND OR WIFE Edwin McCallister deceased
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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. 492-07-5326	17. INFORMANT'S SIGNATURE OR NAME Mrs Eda Mae Fry	ADDRESS Elsberry, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRIAL THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH 8 Days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12-5**, 1955, to **12-13**, 1955, that I last saw the deceased alive on **12-13**, 1955, and that death occurred at **9:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] M.D.	23b. ADDRESS Elsberry, Mo	23c. DATE SIGNED 12/14/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-15-1955	24c. NAME OF CEMETERY OR CREMATORY RiverView Cemetery	24d. LOCATION (City, town, or county) (State) Louisiana, MISSOURI
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DATE REC'D BY LOCAL REG. 12/26/55	REGISTRAR'S SIGNATURE Mrs. Clarence Kinty	25. FUNERAL DIRECTOR'S SIGNATURE Clifton Miller	ADDRESS Elsberry, Mo
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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 Dec. 13 - 1955....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... Clifton Miller.....

Licensed Embalmer No. 33.....

P. O. Address Elshemy.....

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