

XC-1698 153

THE DIVISION OF HEALTH OF MISSOURI

Reg. #13123

STANDARD CERTIFICATE OF DEATH

State File No.

SL #8335

FILED JAN 26 1956

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BIRTH NO.		REG. DIST. NO. <u>318</u>	PRIMARY REG. DIST. NO. <u>1003</u>	Registrar's No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Sangamon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>915 N. Grand, St. Louis, Mo.</u>		c. CITY OR TOWN <u>Springfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>21 days</u>		e. STREET ADDRESS (If rural, give location) <u>920 E. Miller</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>		812 ⁰ 8		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>PETER</u>	b. (Middle) <u>F.</u>	c. (Last) <u>CALLAHAN</u>
4. DATE OF DEATH		(Month) (Day) (Year) <u>January 9, 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12/9/87</u>	9. AGE (In years last birthday) <u>68</u>
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	11. BIRTHPLACE (City and State or Foreign Country) <u>Omaha, Nebraska</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Peter Callahan</u>		
13b. MOTHER'S MAIDEN NAME <u>Lucie Porter</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WW-1 545-32-1122</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA Hosp. Records, St. Louis, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>POST OPERATIVE CHOLECYSTECTOMY</u>		<u>11 days</u>		
DUE TO (c) <u>POST OPERATIVE WOUND DEHISCENCE</u>		<u>6 days</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION <u>1-3-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Stones in gall bladder</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>584x</u>		(COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>VA</u> 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 <u>12/19</u> , 19 <u>55</u> , to <u>1/9</u> , 19 <u>56</u> and that death occurred at <u>2:20 A.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>M.D. VAH, St. Louis, Mo.</u>		23c. DATE SIGNED <u>1/9/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-23-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LOCAL</u>	24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, ILLINOIS</u>	
DATE REC'D BY LOCAL REG. <u>JAN 9 1956</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Vincent E. Steab</u>		ADDRESS <u>1109 So. 53rd ST SPRINGFIELD, ILL.</u>

1-31-70

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.....
Vincent P. Staab

Licensed Embalmer No. *866*
1109 So 5th
P. O. Address *SPRINGFIELD,*

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.