

FILED MAR 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Savannah</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Savannah</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Murphy Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>304 North Third St.</u>	

3. NAME OF DECEASED (Type or Print) <u>George</u>	a. (First)	b. (Middle) <u>Walter</u>	c. (Last) <u>McCallon</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 26, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OF RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>November 12, 1894</u>	9. AGE (in years last birthday) <u>61</u>	if UNDER 1 YEAR Months Days	if OVER 1 YEAR Hours Min.
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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>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fillmore, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Issac Lalayette</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Clare</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Irene McCallon</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Irene McCallon</u>	ADDRESS <u>Savannah, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		<u>3 Days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchiectasis</u>		<u>10 yrs.</u>
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>multiple Sclerosis</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>526x</u>	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) (m.)	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 3-16, 1954, to 2-26, 1956, that I last saw the deceased alive on 2-26, 1956 and that death occurred at 5:30 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>William C. Bohm</u>	(Degree or title)	23b. ADDRESS <u>Savannah, Mo.</u>	23c. DATE SIGNED <u>2-27-56</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 28, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Savannah City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Savannah, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-20-56</u>	REGISTRAR'S SIGNATURE <u>William C. Bohm</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. A. Rich</u>	ADDRESS <u>Savannah, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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2-1

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.....
Wm A Rich

Licensed Embalmer No. *472*

P. O. Address *Savannah*

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.