

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21607

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY <b>ST. CHARLES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. CHARLES</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. CHARLES</b>		c. CITY OR TOWN <b>ST. CHARLES</b>	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) <b>10 YRS</b>		e. STREET ADDRESS (If rural, give location) <b>222 B So. MAIN STR 0970</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <b>D.O.A. ST. JOSEPH'S HOSP.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>VIOLA</b>	b. (Middle) <b>M.</b>	c. (Last) <b>CALLISON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 8 1956</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MAR 6, 1878</b>	9. AGE (In years last birthday) <b>78</b>	10 UNDER 1 YEAR <b>3</b>	11 UNDER 1 MONTH <b>2</b>	12 UNDER 1 HOUR <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>IN OWN HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST CHARLES COUNTY MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>ELIAS PRESTON SILVEY</b>	13b. MOTHER'S MAIDEN NAME <b>JESSIE ANN HOWELL</b>	14. NAME OF HUSBAND OR WIFE <b>JOHN W. CALLISON (DECEASED)</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>IVAL SCHARFER</b>	ADDRESS <b>ST. CHARLES, MO</b>
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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, asthma, 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) <b>Asphyxiation</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Fire pouring into her apartment...</b> DUE TO (c) <b></b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>9160</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>16</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>OWN HOME</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Charles St. Charles Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 8 1956 8:30</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fire in apartment.</b>
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22. I hereby certify that ~~attended the deceased~~ <sup>held inquest</sup> from **8:30 P.M.** to **6/11/56**, 19\_\_\_, that I last saw the deceased alive on \_\_\_ 19\_\_\_, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

23. SIGNATURE <b>Mervin Mancherg</b>	(Degree or title)	23b. ADDRESS <b>Wentzville Mo June 11, 1954</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>JUNE 13, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LYNN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>WENTZVILLE MO</b>
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DATE REC'D BY LOCAL REG. <b>June 11 1956</b>	REGISTRAR'S SIGNATURE <b>Barnie Hamilton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L. Prinster</b>	ADDRESS <b>St. Charles, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 19 1956

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 *Gene Spetchers*

Licensed Embalmer No. *496*

P. O. Address *Flouissant*

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.