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S. No. 300  
EV. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37607**

FILED NOV 19 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stanberry</b>	c. LENGTH OF STAY (in this place) <b>6 Mo</b>	c. CITY OR TOWN <b>Rural # 2.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Munroe Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>8 Miles E. King City, Mo.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Orvis</b> b. (Middle) <b>W.</b> c. (Last) <b>Call</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 6 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 23, 1864</b>		9. AGE (In years last birthday) <b>92</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grain</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>George Call</b>		13b. MOTHER'S MAIDEN NAME <b>Debera Reeder</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Call</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Connie Call</b> ADDRESS <b>King City, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis, generalised</b>		DUE TO (b) <b>unknown</b>		<b>2 years</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>unknown</b>			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <b>Anemia Hip fracture</b>					

19a. DATE OF OPERATION <b>11-5-56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Fractured hip</b>		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) (COUNTY) (STATE)		
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?		

22. I hereby certify that I attended the deceased from August, 1956, to Nov 6, 1956, that I last saw the deceased alive on 11-5, 1956, and that death occurred at 12:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert L. Carlin M.D.</b>		23b. ADDRESS <b>Stanberry, Mo</b>		23c. DATE SIGNED <b>11-7-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 8, 56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Winslow</b>	24d. LOCATION (City, town, or county) (State) <b>So East King City, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>Nov 12 - 1956</b>	REGISTRAR'S SIGNATURE <b>Maudie Williams</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Roland W. Clark</b> ADDRESS <b>King City, Mo</b>	
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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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NOV 23 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 *Roland D. Clark*.....

Licensed Embalmer No. *4417*.....

P. O. Address *King City, Md*.....

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.