

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12434**
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BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4089 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>CARTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CARTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GRANDIN</u>		c. CITY OR TOWN <u>FREMONT</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (If in this place) <u>1 YEAR</u>		e. STREET ADDRESS (If rural, give location) <u>FREMONT, MISSOURI</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BELL REST HOME</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>CALLISON</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>28</u> (Year) <u>57</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> , DIVORCED (Specify)	8. DATE OF BIRTH <u>JAN 26 1871</u>
9. AGE (In years last birthday) <u>86</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SCHUYLER Co. Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOHN LOGAN CALLISON</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>467-12-3833</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>HARRY CALLISON, VAN BUREN Mo</u>		ADDRESS	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro Vascular Accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <u>0</u> 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) (Min.)		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>Feb 28</u> , 19 <u>57</u> , to _____, 19____, that I last saw the deceased alive on <u>Feb 28</u> , 19 <u>57</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. H. Henson</u>		23b. ADDRESS <u>Payton Bluff Mo</u>	
23c. DATE SIGNED <u>3-13-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 3, 1957</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>FREMONT CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>FREMONT MO</u>	
DATE REC'D BY LOCAL REG. <u>April 12-57</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Octa Henson Coleman</u> ADDRESS <u>Payton Bluff Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 18 1957

CARTER COUNTY
HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Allen C. McGee*.....

Licensed Embalmer No.

P. O. Address *Thurmond*.....

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