

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 1 1957

STATE FILE NUMBER 57-022305

Registration District No. 316 Primary Registration District No. 6073 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Perry Township</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Perry Township</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Route #1</b> Length of stay in 1b		d. STREET ADDRESS <b>Route #1</b> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Maud e</b> Middle <b>Ellen</b> Last <b>McCallister</b>			4. DATE OF DEATH <b>June 22nd 1957</b> Month <b>June</b> Day <b>22nd</b> Year <b>1957</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 14, 1880</b>
9. AGE (In years last birthday) <b>76</b>		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (City and state or country) <b>London, Ohio</b>	
13. FATHER'S NAME <b>Park S Franklin</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		14. MOTHER'S MAIDEN NAME <b>Mellie Barley</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs. Frank McDowell, Rt. 1, Bonne</b> Address <b>Terre, Mo</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis and myocardial infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)			INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>		4201	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from <b>Dec. 20, 1956</b> to <b>June 22, 1957</b> and last saw her <sup>her</sup> <del>him</del> alive on <b>June 21, 1957</b> Death occurred at <b>2:00 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. J. Haw, Jr., M.D.</b> (Degree or title)		22b. ADDRESS <b>Bonne Terre, Mo.</b>	
22c. DATE SIGNED <b>6/24/57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/25/1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Marvin Chapel</b>		23d. LOCATION (City, town, or county) (State) <b>Rt. #1, St. Francois Co, Mo</b>	
24. FUNERAL DIRECTOR <b>C.Z. Boyer &amp; Son</b> ADDRESS <b>Desloge, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>June 24, 1957</b>	
		26. REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 2 1957

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 *D. T. Boyer*

Licensed Embalmer No. 3

P. O. Address *See log*

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