

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44265
STATE FILE NUMBER
1958
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5840

FILED JAN 8 1958

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Norborne
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research		Length of stay in lb 10 days	d. STREET ADDRESS (If outside, give location) Elm Street
3. NAME OF DECEASED (Type or print) First Delia Middle Callaway Last Callaway			4. DATE OF DEATH Month Dec. Day 11 Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 5, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) Carrollton, Missouri
13a. FATHER'S NAME Robert Thompson		13b. MOTHER'S MAIDEN NAME Ida May Grider	14. NAME OF HUSBAND OR WIFE John D. Callaway
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-38-7613	17. INFORMANT Harold Callaway Address 10101 W. 89th.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion with Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease DUE TO (c) 10 years			
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 Liberty Mo COUNTY _____ STATE _____	
21. I attended the deceased from Dec 1, 1957 to DEC 11, 1957 and last saw the alive on Dec 10, 1957 Death occurred at 3 _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James W. Willoughby</i> (Date of file) _____		22b. ADDRESS Liberty Mo	
22c. DATE SIGNED 12-11-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/11/57	23c. NAME OF CEMETERY OR CREMATORY Norborne Cemetery	23d. LOCATION (City, town, or county) (State) Norborne, Missouri
24. FUNERAL DIRECTOR Earp & Sons 4707 Truman Rd. ADDRESS _____		25. DATE RECD. BY LOCAL REG. 12-11-57	26. REGISTRAR'S SIGNATURE <i>Reva Minshall</i>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. James W. Willoughby
 MEDICAL CERTIFICATION
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 (Licensed Embalmer's Statement on Reverse Side)

Dr. Williams, Conn.
112 No. White
February 1907



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 *John B. Camp*

Licensed Embalmer No. *2955*

P. O. Address *W.C. Mo.*

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.