

FILED FEB 5 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

796

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sullivan</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Boone</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>0760</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Northside Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>Louisa</b> c. (Last) <b>McCallister</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 1 1958</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 13 1878</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>28</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hoeswife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Fritz Landwehr</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Earnest McCallister</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>Don McCallister</b>	ADDRESS <b>GraniteCity 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 <b>years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b>		
ANTECEDENT CAUSES		DUE TO (b) <b>following Bacterial Pneumonia for 2 weeks</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>4222</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1 1956, 1956, to Feb. 1, 1958, that I last saw the deceased alive on Feb 1, 1958, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>J.P. Royse M.D.</b> (Degree or title)	23b. ADDRESS <b>316 E. St Sullivan Mo</b>	23c. DATE SIGNED <b>Feb 3 1958</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-4-1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>M E Cemetary</b>	24d. LOCATION (City, town, or county) (State) <b>Franklin County Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-4-58</b>	REGISTRAR'S SIGNATURE <b>Thomas G. Sweeney</b>	25. EMERALD DIRECTOR'S SIGNATURE <b>Thos. V. Shaffer</b>	ADDRESS <b>Sullivan Mo</b>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

FEB 7 1958

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 .....  
Student Embalmer

Signed John P. Shaffer

Licensed Embalmer No. 2692

P. O. Address Fuller, 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 this body is not embalmed, fact should be so stated above.