

Health,
Welfare
Public
Service

300
-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no record. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 21 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1707

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>R.R. 1 ORONOGO</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>R.R. 1 ORONOGO</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.R. 1 ORONOGO MO.</u>		Length of stay in 1b <u>72 YEARS</u>	d. STREET ADDRESS (If outside, give location) <u>R.R. 1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>SAILOR</u> Last <u>CALLISON</u>			4. DATE OF DEATH Month <u>JANUARY</u> Day <u>8</u> Year <u>1958</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 31, 1872</u>	9. AGE (In years last birthday) <u>85</u>	10. FUNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>BEVERLY, OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ELZY SAILOR</u>		13b. MOTHER'S MAIDEN NAME <u>ADDIE STEVENSON</u>		14. NAME OF HUSBAND OR WIFE <u>ALEXANDER BIRD CALLISON</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT Address <u>MRS EMMITT GRIFFIN JR. R.R. 1, ORONOGO MO.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio sclerotic heart disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
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 (a) <u>4200</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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"/> 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 <u>5-17-57</u> to <u>6-17-57</u> and last saw <u>her</u> alive on <u>5-17-57</u> Death occurred at <u>6:00 A.M. 1-8-58</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Alice H. Wilson M.D.</u>			22b. ADDRESS <u>1923 Sergeant, Joplin, Mo</u>		22c. DATE SIGNED <u>1-15-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>1-12-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NASHVILLE CEMETARY</u>		23d. LOCATION (City, town, or county) (State) <u>NASHVILLE MISSOURI</u>
24. FUNERAL DIRECTOR <u>HEDGE-LEWIS FUNERAL HOME WEBB CITY MO.</u>		ADDRESS <u>1-15-58</u>		25. DATE RECD. BY LOCAL REG. <u>1-15-58</u> 26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Richard Roy Lewis*

Licensed Embalmer No. *4405*

P. O. Address *Wickliffe, Ohio*

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.