

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024512  
STATE FILE NUMBER 62

FILED JUL 29 1958 Registration District No. Primary Registration District No. 5054 Registrar's No.

300  
1-57  
3  
9

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Oklahoma</b> b. COUNTY <b>Ottawa</b>	
b. CITY OR TOWN <b>White River Twp.</b> (If outside corporate limits, give TOWNSHIP only)		c. CITY OR TOWN <b>Commerce</b> (If outside, give location)	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS <b>401 S. Walnut</b> (If outside, give location)	

3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>WASHINGTON</b> Last <b>McCALL Sr.</b>			4. DATE OF DEATH Month <b>July</b> Day <b>21</b> Year <b>1958</b>		
--	--	--	--	--	--

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 18, 1898</b>	9. AGE (In years last birthday) <b>59</b> IF UNDER 1 YEAR: Months Days Hours Min.
--------------------	-------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>cars</b>	11. BIRTHPLACE (City and state or country) <b>Dallas County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	---	---	---

13a. FATHER'S NAME <b>Joseph G. McCall</b>	13b. MOTHER'S MAIDEN NAME <b>Eliza Pauline McPheeters</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Boley McCall</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>	16. SOCIAL SECURITY NO. <b>441-03-1360</b>	17. INFORMANT Address <b>G. W. McCall, Jr. Commerce, Okla.</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>Undetermined Natural Causes</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>7954</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

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 <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>Not attended</b> and last saw her alive on _____ Death occurred at <b>7 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) <b>Grace Williams Local Registrar</b>	22b. ADDRESS <b>Cassville Mo</b>	22c. DATE SIGNED <b>7-22-58</b>
--	----------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>7-22-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>G. A. R. Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Commerce, Oklahoma</b>
--	----------------------------	---	---

24. FUNERAL DIRECTOR ADDRESS <b>Culver's Cassville, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>7-22-1958</b>	26. REGISTRAR'S SIGNATURE <b>Grace Williams</b>
--	---	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.

8961 I 8 700

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 758-153

DATE REC. 7-28-58

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 Margaret C. Henbest

Licensed Embalmer No. 4389

P. O. Address Cassville, 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.