

THE DIVISION OF HEALTH OF MISSOURI 47132-58
STANDARD CERTIFICATE OF DEATH

58-028514
STATE FILE NUMBER

FILED AUG 27 1958 Registration District No. _____ Primary Registration District No. 5226 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Pleasant		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Grandview, Mo. 7000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Richards-Gebaur		Length of stay in lb D. O. A.	d. STREET ADDRESS (If outside, give location) 6005 E. 148 Ter

3. NAME OF DECEASED (Type or print) CYNTHIA LYNN McCALLUM			4. DATE OF DEATH Month Aug. Day 19, Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 15, 1958	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during rest of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ewell McCallum	13b. MOTHER'S MAIDEN NAME Helen Marie Clark	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Ewell McCallum Address Grandview, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 LP.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		491X
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 checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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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 _____
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21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Jan J. [Signature]</i> (Degree or title)	22b. ADDRESS 3801 [Address]	22c. DATE SIGNED 8/19/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/19/1958	23c. NAME OF CEMETERY OR CREMATORY Zachary Taylor Nat Cen.	23d. LOCATION (City, town, or county) (State) Louisville, Ky.
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24. FUNERAL DIRECTOR E. K. George & Sons ADDRESS Belton, Mo.	25. DATE RECD. BY LOCAL REG. Aug 20, 1958	26. REGISTRAR'S SIGNATURE <i>Dora [Signature]</i>
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

RECEIVED
AUG 25 1958
CASS COUNTY
HEALTH DEPARTMENT

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 E. George*

Licensed Embalmer No. *3958*
P. O. Address *Beltway, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.