

HEALTH, WELFARE & PUBLIC SERVICE  
STANDARD CERTIFICATE OF DEATH

58-028640  
STATE FILE NUMBER

FILED AUG 26 1958 Registration District No. 88 Primary Registration District No. 5330 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <b>Crawford</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Crawford</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cherryville</b> <b>OSAGE</b>		c. CITY OR TOWN <b>Cherryville</b> <b>0290</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3 1/2 mi. E. Cherryville</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>SARAH</b> <b>Emaline</b> <b>Callahan</b>			4. DATE OF DEATH <b>8-20-58</b>		
5. SEX <b>Female</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>10-20-04</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Cherryville, Mo.</b>	
13. FATHER'S NAME <b>Monroe HARRIS</b>			14. MOTHER'S MAIDEN NAME <b>MARY Bryant</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT <b>Arthur J. Callahan</b> Address <b>Cherryville</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>Malnutrition + Dehydration</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Diabetes Mellitus, untreated</b>		<b>5 years</b>
	DUE TO (c) <b>260X</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Densitized Arteriosclerosis</b>		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 <b>---</b> Month <b>---</b> Day <b>---</b> Year <b>---</b> a. m. <b>---</b> p. m. <b>---</b>		

20d. INJURY OCCURRED WHILE AT WORK <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 <b>Cherryville</b> COUNTY <b>---</b> STATE <b>---</b>
21. I attended the deceased from <b>2-21-57</b> to <b>8-19-58</b> and last saw <b>her</b> alive on <b>8-18-58</b> . Death occurred at <b>---</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>W. D. O</b>	22b. ADDRESS <b>Steelville, Mo.</b>	22c. DATE SIGNED <b>8-20-58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-21-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Martin</b>	23d. LOCATION (City, town, or county) (State) <b>Cherryville Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Harry M. Jonas Steelville</b>		25. DATE RECD. BY LOCAL REG. <b>8/22/58</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Hazel Lichius</b>

(Licensed Embalmer's Statement on Reverse Side)

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

505

AUG 27 195

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Harry M. Jones*

Licensed Embalmer No. 26

P. O. Address Steelvi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E  
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.