Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-000463
STATE FILE NUMBER

FILED FEB 9 1959

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN Fulton — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Callaway Hospital — Length of stay in 1b 6 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY OR TOWN Fulton 0143 — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 214 E. 4th St — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First Stanley Middle Frank Last McCall

4. DATE OF DEATH Month Jan. Day 30 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH Feb, 3, 1898
9. AGE (In years on last birthday) 60 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant at State Hospital # 1
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Reform, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Stephen Fewell McCall
13b. MOTHER'S MAIDEN NAME Louvica Gilman
14. NAME OF HUSBAND OR WIFE Lillie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 493-38-6741
17. INFORMANT Mrs. S. Frank McCall Address Fulton, Mo.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (?) DIABETES MELLITUS — 4 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) HYPERTENSION 260X

19. WAS AUTOPSY PERFORMED? YES NO X

20a. ACCIDENT SUICIDE HOMICIDE
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 WORK NOT WHILE AT WORK
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 FEB 58, to PRESENT and last saw her/him alive on JAN 30, 1959
Death occurred at 9:55 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James E. Hill (Degree or title) MD
22b. ADDRESS Fulton, Mo.
22c. DATE SIGNED 2-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb 1, 1959
23c. NAME OF CEMETERY OR CREMATORY Callaway Memorial Gardens
23d. LOCATION (City, town, or county) Fulton (State) Mo

24. FUNERAL DIRECTOR Wallace Funeral Home ADDRESS Fulton Mo
25. DATE RECD. BY LOCAL REG. Feb. 3. 1959
26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

FEB 11 195

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 Hector L. Mason

Licensed Embalmer No. 4996

P. O. Address Fulton 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.