Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004283
STATE FILE NUMBER

FILED JAN 7 1959 Registration District No. 366 Primary Registration District No. 6241 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Breton Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION Rainbow Nursing Home — Length of stay in Ib 20 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Washington
c. CITY OR TOWN Potosi — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 109 N. Breton (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Margaret Middle: Mary Last: McCallion

4. DATE OF DEATH Month Day Year: Jan. 5, 1959

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH October 9, 1873

9. AGE (In years last birthday) 85 — 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) Retired School Teacher

10b. KIND OF BUSINESS OR INDUSTRY Public School

11. BIRTHPLACE (City and state or country) Potosi Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James McCallion

13b. MOTHER'S MAIDEN NAME Margaret Murphy

14. NAME OF HUSBAND OR WIFE

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. None

17. INFORMANT Larry Casey Address Potosi Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Atheriosclerosis
DUE TO (c) Senility-Inanition
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 Dec. 17, 1958, to Jan. 5, 1959 and last saw her/him alive on Jan. 5, 1959. Death occurred at 7 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph R. Burnett D.O.
22b. ADDRESS Potosi, Missouri
22c. DATE SIGNED Jan. 6, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 7, 1959
23c. NAME OF CEMETERY OR CREMATORY St. James
23d. LOCATION (City, town, or county) (State) Potosi Mo.

24. FUNERAL DIRECTOR Arthur J. Smith ADDRESS Potosi Mo.
25. DATE REC'D BY LOCAL REG. 1/6/59
26. REGISTRAR'S SIGNATURE Arthur Kendall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 26 1959

RECEIVED
JAN 6
WASH. COUNTY HEALTH DEPT.
File No. _____

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 C. H. Boyd

Licensed Embalmer No. 4158

P. O. Address Totowa N

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.