

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016570

STATE FILE NUMBER

FILED APR 30 1959

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Peters</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Peters</u> 1100 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>520 Austin College</u>		Length of stay in, lb	d. STREET ADDRESS (If outside, give location) <u>520 Austin</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Larry</u> Middle <u>Leonard</u> Last <u>Callahan</u>			4. DATE OF DEATH Month <u>April</u> Day <u>32</u> Year <u>1959</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 21 1950</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years less birthday) <u>8</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>1</u> Hours <u> </u> Min. <u> </u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
11a. BIRTHPLACE (City and state or country) <u>Peters, Mo.</u>		11b. BIRTHPLACE (City and state or country) <u>Peters, Mo.</u>	
13a. FATHER'S NAME <u>Leonard Callahan</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Nettles</u>	
14. NAME OF HUSBAND OR WIFE		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Leonard Callahan</u>		Address <u>Peters, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hodgkins Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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. CITY, TOWN, OR LOCATION COUNTY STATE	
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.)	
21. I attended the deceased from _____ <u>Jan. 58</u> to _____ <u>April 22/59</u> and last saw him alive on _____ <u>April 24, 1959</u> Death occurred at _____ <u>P.A.</u> _____ <u>Mo.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>M.F. Crewwell M.D.</u>	
22b. ADDRESS <u>Peters, Mo.</u>		22c. DATE SIGNED <u>4/28/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-25-59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Peters Masonic Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Peters, Mo.</u>	
24. FUNERAL DIRECTOR <u>Orman Jenkins</u>		25. DATE RECD. BY LOCAL REG. <u>4/28/59</u>	
ADDRESS <u>Peters, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Herbert Rudel</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 2 1958

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 *Murphy L. Sparks* _____

Licensed Embalmer No. *4236* _____

P. O. Address *W. H. ...* _____

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.