

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018423

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 169

FILED JUN 10 1959

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Marion</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Marion</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hosp.</u>		Length of stay in lb <u>3 wks.</u>		c. CITY OR TOWN <u>Palmyra</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <u>Moore Hotel</u>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)			First Middle Last			4. DATE OF DEATH	
<u>Charles Edward Callister</u>						Month Day Year <u>June 7 1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 11 1889</u>		9. AGE (In years last birthday) <u>69</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Warren Co. Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles E. Callister</u>				14. MOTHER'S MAIDEN NAME <u>Isabel Clague</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. I</u>		16. SOCIAL SECURITY NO. <u>497-05-3553</u>		17. INFORMANT Address <u>Roy Callister Roseville Ill.</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>Bronchial pneumonia</u> DUE TO (b) <u>Cerebral hemorrhage & left hemiplegia</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 <u>3 da.</u> <u>3 wks.</u>	
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. 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		COUNTY STATE	
21. I attended the deceased from <u>May 14 1959</u> to <u>June 7 '59</u> and last saw her alive on <u>June 6 '59</u> Death occurred at <u>9:20 AM</u> m on the site stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Degree or title) <u>J. H. Well Sr D</u>				22b. ADDRESS <u>Palmyra Mo.</u>		22c. DATE SIGNED <u>6/8/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 9 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Monmouth Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Monmouth Ill.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>E. T. Sprague Palmyra Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>6-8-59</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By W. C. Fisher</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Stem 7 added by g.w. of Funeral Director 6-12-59
 MEDICAL CERTIFICATION
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *E. J. Sprague*

Licensed Embalmer No. 3245

P. O. Address Palmyra Mo

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