

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020435

FILED JUN 22 1959

Registration District No. 042 Primary Registration District No. 1000 STATE FILE NUMBER Registrar's No. 618

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6649 Brown		Length of stay in 1b 90yrs	d. STREET ADDRESS (If outside, give location) 6649 Brown
3. NAME OF DECEASED (Type or print) First Middle Last Allen Callaway		4. DATE OF DEATH Month Day Year June 8, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 25, 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Re. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Platt County, Mo
13a. FATHER'S NAME George Callaway		13b. MOTHER'S MAIDEN NAME Martha Linville	14. NAME OF HUSBAND OR WIFE Rosa Jane Callaway
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Alva Callaway St. Joseph, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Valvular Heart Lesion			INTERVAL BETWEEN ONSET AND DEATH 1 year.
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) 4214			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 5/1/59 to 6/8/59 and last saw her alive on 6/8/59 Death occurred at 4 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John G. Swails (Degree or title)		22b. ADDRESS Wathburg Kan	22c. DATE SIGNED 6-11-59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 6/11/59	23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public	23d. LOCATION (City, town, or county) (State) St. Joseph, Mo
24. FUNERAL DIRECTOR John G. Swails	ADDRESS St. Joseph, Mo	25. DATE RECD. BY LOCAL REG. June 15, 1959	26. REGISTRAR'S SIGNATURE Mrs. Clark Dorell

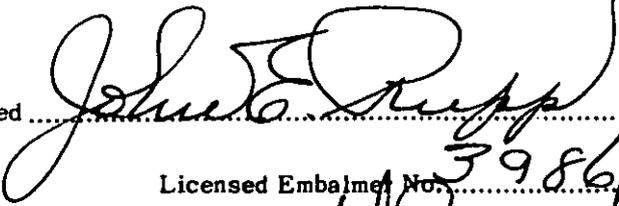
securing the medical certification in the specific manner required by 193.140 MoRS 1949.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

MEDICAL CERTIFICATION  
Dr. John G. Swails  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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  .....

Licensed Embalmer No. 3986 .....

P. O. Address St Joseph .....

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.