

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024050

FILED VS AUG 11 1959

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 112

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY BARRY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY LAWRENCE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONETT		Length of stay in 1b 48 HOURS	c. CITY OR TOWN PIERCE CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST VINCENTS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ELM STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CLARA Luise Callom			4. DATE OF DEATH Month Day Year JULY 31 1959		
5. SEX FE	6. COLOR OR RACE WH	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH OCT. 29, 1870	9. AGE (last birthday) 88	IF UNDER 1 YEAR Month Days Hours Min. 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) SANDUSKY, Ohio	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Charles August Raupp		13b. MOTHER'S MAIDEN NAME Luise SEUFERT		14. NAME OF HUSBAND OR WIFE CHARLES N. Callom	
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. 491-44-1278		17. INFORMANT Address MRS. ALF FORSYTHE PIERCE CITY	
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 DUE TO (b) In Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 48 hrs. ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 8-31-59 to 7-31-59 and last saw him alive on 7-30-59 Death occurred at 1:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. J. Edwards M.D. Monett Mo			22b. ADDRESS Mo 8-3-59		22c. DATE SIGNED 8-3-59
23a. BURIAL CREATION, REMOVAL (Specify) BURIAL		23b. DATE 8-3-1959	23c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY	23d. LOCATION (City, town, or county) PIERCE CITY	(State) Mo
24. FUNERAL DIRECTOR WILKS		ADDRESS PIERCE CITY Mo	25. DATE RECD. BY LOCAL REG. 8-3-59	26. REGISTRAR'S SIGNATURE Mrs P.N. Cook	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

Edwin Wilke, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Edwin Wilke

Licensed Embalmer No. 4131

P. O. Address Pine City

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