

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 8 1960

-60-001311

DED

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 22 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived) a. STATE Missouri b. COUNTY Howell		3. If institution: Residence before admission Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains		Length of stay in 1b 2 days		c. CITY OR TOWN West Plains	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION West Plains Mem. Hosp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) '806 Grace	
3. NAME OF DECEASED (Type or print) First Charles Middle Joseph Last Callaway			4. DATE OF DEATH Month Jan Day 30 Year 1960		
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 10-31-90	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ozark Co., Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Thomas P. Callaway		13b. MOTHER'S MAIDEN NAME Sarah Jane White		14. NAME OF HUSBAND OR WIFE Josephine Myrtle Callaway	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 495-38-1045		17. INFORMANT Josephine Myrtle Callaway, West Plains, 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) Myocardial infarction DUE TO (b) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 48 hrs 9 yrs.	
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 type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury)			
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 3/16/59 to 1/30/60 and last saw ^{him} alive on 1/30/60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				22c. DATE SIGNED 2/4/60	
22a. SIGNATURE <i>J. Callahan M.D.</i> (Degree or title)		22b. ADDRESS West Plains, Mo.		22c. DATE SIGNED 2/4/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-2-1960	23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	23d. LOCATION (City, town, or county) (State) West Plains, Missouri		
24. GENERAL DIRECTOR <i>Island Carter West Plains, Mo</i> ADDRESS		25. DATE RECD. BY LOCAL REG. 2-5-60	26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>		

DOCUMENT

BY AFFIDAVIT OF Informant

MEDICAL CERTIFICATION

MAR 1 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____
or by _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Deland Carter*

Licensed Embalmer No. 4516

P. O. Address West Plains

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 the body is not embalmed, fact should be so stated above.