

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-003032

FILED VS FEB 2 1960 316

Registration District No. _____ Primary Registration District No. 3059 Registrar's No. 25

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington		
b. CITY (If outside corporate limits, give TOWNSHIP only) Bonne Terre		Length of stay in 1b 7 hrs	c. CITY OR TOWN DeSoto		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route #2	
3. NAME OF DECEASED (Type or print) First John Middle Edward Last Callahan			4. DATE OF DEATH Month Jan. Day 24 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 9/8/1921	9. AGE (last birthday) 38	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Barite Mining Co. Northcutt, Mo.		11. BIRTHPLACE (City and state or country) USA	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Henry Callahan		13b. MOTHER'S MAIDEN NAME Nancy Turntine	
14. NAME OF HUSBAND OR WIFE Dorothy Callahan		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II (Navy)		16. SOCIAL SECURITY NO. Mary Call,	
17. INFORMANT Festus, Mo. R#2		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic injury of brain. DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 7 hours	
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 checked="" 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.) Automobile accident.			
20c. TIME OF INJURY Hour 6:30 a.m. _____ p.m. _____ Month, Day, Year Jan. 23 1960	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.) Highway 21		20f. CITY, TOWN, OR LOCATION 1 mi. North of Smiths, Washington, Mo.
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 2:23 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) W. W. Taylor M.D.		22b. ADDRESS Bonne Terre Mo	
22c. DATE SIGNED 1-25-60		22d. LOCATION (City, town, or county) Potosi, Mo.		22e. STATE Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 26, 1960		23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	
23d. FUNERAL DIRECTOR Arthur W. Smith, Potosi, Mo.		23e. DATE RECD. BY LOCAL REG. Jan. 25, 1960		23f. REGISTRAR'S SIGNATURE Cather Redloff	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 26 1961

APR 25 1961

MAR 2 1960

FEB 2

STATEMENT BY LICENSED EMBALMER

MAR 2 1960

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

by [Signature] Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 367

P. O. Address [Address]

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.