

VITAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-02242A

FILED VS JUN 27 1960 042

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 677

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rush Township</u> Length of stay in 1b <u>50yrs</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 59, Rush Twsp</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Buchanan</u> c. CITY OR TOWN <u>Rushville,</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Rt #1 Rush Twsp</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>Alfred</u> Middle <u>B</u> Last <u>Callaway</u>			4. DATE OF DEATH Month <u>June</u> Day <u>14</u> Year <u>1960</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 type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 28, 1909</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Rushville, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm B. Callaway</u>			13b. MOTHER'S MAIDEN NAME <u>Josephine Pickerel</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWII</u>			16. SOCIAL SECURITY NO. <u>88-14-7754</u>		17. INFORMANT Address <u>Leonard Callaway Rushville, Mo</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>traumatic shock + intracranial hemorrhage at once</u> DUE TO (b) <u>Skull fracture at once</u> DUE TO (c) <u>Head on 2 Car auto accident at once</u> 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) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.) <u>2 cars collided head on</u>			
20c. TIME OF INJURY Hour <u>5:13</u> p.m. Month, Day, Year <u>6-14-60</u>		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.) <u>Highway 59.</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Decherets Mo</u>	
21. I attended the deceased from _____ and last saw him alive on <u>6-14-60</u> Death occurred at <u>6/14/60 5:15 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>SE Melaney M.D. Coroner</u>			22b. ADDRESS <u>214 Kerpeluck Joseph, Mo</u>		22c. DATE SIGNED <u>6-17-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6/17/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sugar Creek Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Rushville, Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>John E. Rupp St. Joseph, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>June 21, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mr. Clark Stadel</u>		

DOCUMENT

SE Melaney M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 20 1960

JUN 27 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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address A. Josep

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.