JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 29 1960 Registration District No. 355 Primary Registration District No. 6202 Registrar's No.

-60-025551
STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY TEXAS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Summersville (Carroll) Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN Summersville Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Edgar Middle: Powell Last: Callaway
4. DATE OF DEATH Month: June Day: 8 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/11/77
9. AGE (last birthday): 83
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): Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Fredericktown, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Callaway
13b. MOTHER'S MAIDEN NAME: Martha Murray
14. NAME OF HUSBAND OR WIFE: Martha A. Callaway
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 495-40-7459
17. INFORMANT: Martha E. Callaway Address: Summersville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Cerebrovascular Failure.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Thrombosis
DUE TO (c) arteriosclerosis,
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 May 17-60, to June 8-60 and last saw ~~her~~ him alive on June 1-60
Death occurred at 11:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr Laurie Hamilton DO
22b. ADDRESS Summersville
22c. DATE SIGNED 6/17/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6/11/60
23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery
23d. LOCATION (City, town, or county) (State) Summersville, Missouri

24. FUNERAL DIRECTOR Duncan Funeral Home ADDRESS Mtn. View, Mo.
25. DATE RECD. BY LOCAL REG. 6/23/60
26. REGISTRAR'S SIGNATURE Anna Roberts

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Joel R. Duncan

Signature of Student Embalmer

Licensed Embalmer No. 43

P. O. Address Mtn. Vi

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