

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029392

FILED VS AUG 10 1960

STATE FILE NUMBER

Registration District No. 355 Primary Registration District No. 6205 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Texas</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Pierce Twp.</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Texas</u>	
c. FULL NAME OF (IF NOT in hospital, give location) <u>Home</u>		Length of stay in lb <u>30 Yrs.</u>		c. CITY OR TOWN <u>Star Rt., Willow Spgs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <u>Star Route</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>GOULD</u>		Middle <u>McCALLISTER</u>		Last <u>McCALLISTER</u>		Month Day Year <u>Aug. 2, 1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/12/01</u>	9. AGE (last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>6 20</u>		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Simmons, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James L. McCallister</u>			13b. MOTHER'S MAIDEN NAME <u>Felitha Douglas</u>		14. NAME OF HUSBAND OR WIFE <u>Madge McCallister</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>193142424</u>		17. INFORMANT <u>Mrs. Madge McCallister, Willow Spgs, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Bronchopneumonia bilateral</u>							
DUE TO (b) <u>Repeated cerebral thromboses</u>							
DUE TO (c)							
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 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 <u>Aug. 20, 1958</u> to <u>Aug. 2, 1960</u> and last saw her <u>Aug 2, 1960</u> and last saw him live on <u>Aug 2, 1960</u> Death occurred at <u>9 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>M.C. Walton, MD</u>				22b. ADDRESS <u>Mtn. View, Mo.</u>		22c. DATE SIGNED <u>8/3/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8/5/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Clear Springs</u>		23d. LOCATION (City, town, or county) <u>Willow Spgs Rt Star, Mo.</u>	
24. FUNERAL DIRECTOR <u>Burns, Willow Springs, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>8-6-60</u>		26. REGISTRAR'S SIGNATURE <u>Arma Roberts</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 10 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 Fred W. Barnes  
Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Springs

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.