

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 201 STATE FILE NUMBER 61-005103

AMENDED

FILED VS MAR 6 1961
a. COUNTY Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri, COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in 1b

c. CITY OR TOWN Ash Grove Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Handley Hospital Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
JOHN HUGH Mc CALL

4. DATE OF DEATH Month Day Year
Feb. 24, 1961

5. SEX Male

6. COLOR OR RACE White

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 5-10-1883

9. AGE (last birthday) 77

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) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Arkansas

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William McCall

13b. MOTHER'S MAIDEN NAME Helen Nixon

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown

17. INFORMANT Address J. W. Cook Walnut Grove, 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) Cardio-Vascular Disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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 1938 to 2/22/61 and last saw him alive on 2/23/61
Death occurred at 4:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lester W. Brown M.D.

22b. ADDRESS 311 1/2 College

22c. DATE SIGNED 2/25/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-25-61

23c. NAME OF CEMETERY OR CREMATORY Greenlawn

23d. LOCATION (City, town, or county) (State) Walnut Grove, Missouri

24. FUNERAL DIRECTOR Brim-Daniel Funeral Service, Inc.

25. DATE RECD. BY LOCAL REG. 3-2-61

26. REGISTRAR'S SIGNATURE Effie S. Melton

BY AFFIDAVIT OF Dee Moore - Mo. Ray L. Daniel

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

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 by me,
or by Donavon G. Labrie, Student Embalmer No. 627
working under my personal supervision.

Student Donavon G. Labrie
Signature of Student Embalmer

Signed Dayle L. Sauer

Licensed Embalmer No. 4702

P. O. Address Oriskany
Wis.

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