

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009633

Registration District No. 181 Primary Registration District No. 5677 Registrar's No. 3

STATE FILE NUMBER

FILED VS MAR 15 1961

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| 1. PLACE OF DEATH a. COUNTY Lincoln | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union Twp. | | Length of stay in 1b 2 Days | c. CITY OR TOWN St Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION W, Wommack Res. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 4331 Shaw Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|----------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or print) First James Middle Charles Last Maccallum | | | 4. DATE OF DEATH Month February Day 27 , Year 1961 | | |
| 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 11/15/90 | 9. AGE (last birthday) 70 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inventor | | 10b. KIND OF BUSINESS OR INDUSTRY Patent Advisor | | 11. BIRTHPLACE (City and state or country) St Louis, Missouri | |
| 10c. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME James C. Macallum | | 13b. MOTHER'S MAIDEN NAME Nancy Lorraine Devol | |
| 13c. NAME OF HUSBAND OR WIFE Adele M. Hartman | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT Mrs Jean Wommack, Troy, Missouri. | | Address | | | |

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| 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) Coronary Thrombosis | | 5 Min. |
| DUE TO (b) Arterio-Sclerosis | | ??? |
| 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 |

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|--|---|--|--------------|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ to _____ and last saw her/him alive on _____
Death occurred at **9:00 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

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|--|----------------------------|---|-----------------------------------|
| 22a. SIGNATURE (Name or title) <i>Joseph J. Marsh Sr. Coroner</i> | | 22b. ADDRESS Troy, Missouri | 22c. DATE SIGNED 3/1/61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3/2/61 | 23c. NAME OF CEMETERY OR CREMATORY Old Alexandria Cemetery Lincoln County, Missouri | |
| 23d. LOCATION (City, town, or county) (State) | | 25. DATE RECD. BY LOCAL REG. 3/4/1961 | |
| 24. FUNERAL DIRECTOR Kemper-Marsh Funeral Home, Troy, Mo. | | 26. REGISTRAR'S SIGNATURE <i>Mrs. Clarence Kientz</i> | |

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

*Licensed Embalmer's Statement on Reverse Side

1961 2 17 R

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph J. Marsh
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.