

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

58-61-037750
STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. _____ Registrar's No. _____

FILED OCT 17 1961

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Princetob</u>		Length of stay in 1b <u>1 da.</u>	c. CITY OR TOWN <u>Lucerne</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Axtell Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>_____</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Jesse</u> Middle <u>Orville</u> Last <u>Callen</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>29</u> Year <u>1961</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>June 1 1895</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroader (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Milwaukee R.R.#</u>	11. BIRTHPLACE (City and state or country) <u>Mercer County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>Benjamin Callen</u>		13b. MOTHER'S MAIDEN NAME <u>Elsadia Hilton</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Agnes Callen</u>	

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

17. INFORMANT Address
Mrs. Agnes Callen, Lucerne, 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) Hemorrhage, Shock INTERVAL BETWEEN ONSET AND DEATH 5 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Compound, comminuted fracture of left humerus

DUE TO (c) Car accident

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.)
Car accident

20c. TIME OF INJURY
Hour 8:30 Month, Day, Year 9-29-61
a.m. p.m.

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.)
Hywy 136-W. of Lucerne, Mo.

20f. CITY, TOWN, OR LOCATION COUNTY STATE
Lucerne, Mo. Putnam Co Mo.

21. I attended the deceased from 9-29-61, to 9-29-61 and last saw her him alive on 9-29-61
Death occurred at 11:20 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. I. Axtell (Degree or title) D.O.

22b. ADDRESS Princeton, Mo.

22c. DATE SIGNED 10-10-61

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

23b. DATE Oct. 2, 1961

23c. NAME OF CEMETERY OR CREMATORY Ravanna Cemetery

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

24. FUNERAL DIRECTOR ADDRESS Martin & Axtell Funeral Home
Princeton, Mo

25. DATE RECD. BY LOCAL REG. 10-10-61

26. REGISTRY CAR'S SIGNATURE [Signature]

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

OCT 24 1961

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 myself, Student Embalmer No. ~~5020~~
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lyman Appel

Licensed Embalmer No. 5020

P. O. Address Parsons, Mo

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.