

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040159

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1204

FILED DEC 4 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY BUCHANAN	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH	a. STATE KANSAS	b. COUNTY DONIPHAN
Length of stay in 1b 4 DAYS		c. CITY OR TOWN WATHENA	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL		d. STREET ADDRESS (If outside, give location) R. F. D. # 1	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First STEVEN	Middle DELBERT	Last CALLISON	4. DATE OF DEATH	Month NOVEMBER	Day 19,	Year 1961
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 16, 1961	9. AGE (last birthday)	IF UNDER 1 YEAR Months <u> </u> Days <u>4</u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) ST. JOSEPH, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME ROBERT CALLISON	13b. MOTHER'S MAIDEN NAME CHARLOTTE GOBEN	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT ROBERT CALLISON-WATHENA, KANSAS	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: IMMEDIATE CAUSE (a) Congenital atelectasis	INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malrotation of the colon with volvulus of the small intestine; bladder neck obstruction	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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20b. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 11/16/61 to 11/19/61 and last saw him alive on 11/19/61 Death occurred at 9:10 p.m. 2:30 on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>John R. McDaniel MD</i>	22b. ADDRESS 902 Edmond Street	22c. DATE SIGNED 11/21/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE Nov. 19, 1961	23c. NAME OF CEMETERY OR CREMATORY BELLEMONT CEMETERY	23d. LOCATION (City, town, or county) (State) WATHENA, KANSAS
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24. FUNERAL DIRECTOR HARMAN FUNERAL HOME-WATHENA, KANSAS	25. DATE RECD. BY LOCAL REG. Nov. 27, 1961	26. REGISTRAR'S SIGNATURE <i>Mr. Clark Sandell</i>
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DATE AMENDED
INSTEAD OF
DOCUMENT
SHOULD READ
BY AFFIDAVIT OF

J.R.M. Daniel, M.D. CAL CERTIFICATION

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 Charles M. Harmon

Licensed Embalmer No. 4487

P. O. Address WATHENA, KANSAS

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.