SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-043370

TMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

FILED NOV 21 1961

Registration District No. 335 Primary Registration District No. 4520 Registrar's No. 4

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

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Summersville Rural — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Texas
c. CITY OR TOWN Summersville Rural — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rural Route 2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First James Middle Ernest Last McCallister
4. DATE OF DEATH Month October Day 14 Year 1961
5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6/1/1887
9. AGE (last birthday) 74 — 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) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Smsville, Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John A. McCallister
13b. MOTHER'S MAIDEN NAME Martha Ellen Woolsey
14. NAME OF HUSBAND OR WIFE Molly McCallister
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Molly McCallister Address Rt. 2 Smsville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Embolism — 6 hrs
DUE TO (c) Arteriosclerotic Heart Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition ~~given in PART I~~ (a) Arteriosclerosis
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 May 1957 to Oct 1961 and last saw ~~him~~ her alive on Oct 14-1961
Death occurred at 4 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr Lavere Hampton (Degree or title) DO
22b. ADDRESS Summersville
22c. DATE SIGNED Nov 6/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/16/1961
23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery
23d. LOCATION (City, town, or county) Summersville, Missouri (State)

24. FUNERAL DIRECTOR Duncan Funeral Home ADDRESS Mtn. View, Mo.
25. DATE RECD. BY LOCAL REG. 11-17-61
26. REGISTRAR'S SIGNATURE Julia Powell

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Charles D. Bastain

Signature of Student Embalmer

Licensed Embalmer No. 5107

P. O. Address Mtn. View

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