MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-022905 ✓

2964 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1. FILED JUN 21 1962
a. COUNTY Jackson

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in Ib 44 yrs

c. CITY OR TOWN Kansas City
Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1716 Fuller
Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1716 Fuller
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Vance Middle L. Last Callahan

4. DATE OF DEATH Month May Day 31 Year 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3/9/1889

9. AGE (last birthday) 73

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) Wire Drawer

10b. KIND OF BUSINESS OR INDUSTRY Union Wire Rope

11. BIRTHPLACE (City and state or country) Eudora, Kansas

12. CITIZEN OF WHAT COUNTRY U S

13a. FATHER'S NAME Thomas Callahan

13b. MOTHER'S MAIDEN NAME Emma Jane Hiatt

14. NAME OF HUSBAND OR WIFE Rena Callahan

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

16. SOCIAL SECURITY NO.

17. INFORMANT Address Rena Callahan 1716 Fuller KC, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 24 Hrs

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

DUE TO (b) Coronary sclerosis — unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) auricular fibrillation + myocardial failure

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 Feb 1962 to 31 May 62 and last saw him alive on 23 May 62

Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. L. Saunders (Degree or title) E L Saunders MD

22b. ADDRESS Independence

22c. DATE SIGNED 6-1-62

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

23b. DATE 6/4/1962

23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery

23d. LOCATION (City, town, or county) Kansas City, Mo. (State)

24. FUNERAL DIRECTOR ADDRESS Earp & Sons Mortuary Kansas City, Mo.

25. DATE RECD. BY LOCAL REG. 6-1-62

26. REGISTRAR'S SIGNATURE Ruth W Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	3219		2
3			
4	0		
5	1		
6			
7	1		
8	2		
9	420.1		
10			
11			
12	90-0		
13			

BY AFFIDAVIT OF DOCUMENT

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 William H. Eaye

Signature of Student Embalmer

Licensed Embalmer No. 4728

P. O. Address K. C. 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.