

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026556

STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. _____ Registrar's No. 65

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

10330

20331

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1291-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED JUL 30 1962

1. PLACE OF DEATH
 a. COUNTY **Dent**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Springcreek typ** Length of stay in lb **2 yrs**
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **rt 5** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 STATE **Missouri** b. COUNTY **Dent**
 c. CITY OR TOWN **Salem** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **Missouri Ave** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Arzetta Rodencia Callahan
 (Type or print)

4. DATE OF DEATH Month Day Year
July 22 1962

5. SEX **female**
 6. COLOR OR RACE **white**
 7. Married Never Married
 Widowed Divorced

8. DATE OF BIRTH **11-22-04**
 9. AGE (last birthday) **67**
 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) **housewife**
 10b. KIND OF BUSINESS OR INDUSTRY **X**
 11. BIRTHPLACE (City and state or country) **Dent Co Mo**
 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Tom Cooley**
 13b. MOTHER'S MAIDEN NAME **Alce Hale**
 14. NAME OF HUSBAND OR WIFE **R S Callahan**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) **No X**
 16. SOCIAL SECURITY NO. **X**
 17. INFORMANT **R S Callahan Salem Mo** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Coronary Thrombosis Sudden**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Coronary Atherosclerosis**
 DUE TO (c) **10 yrs!**
 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.) **X**

20c. TIME OF INJURY Hour Month, Day, Year
 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.)
 20f. CITY, TOWN, OR LOCATION **Salem** COUNTY **Dent** STATE **Mo**

21. I attended the deceased from **10-17-55** to **7-6-62** and last saw her alive on **7-6-62**
 Death occurred at **22PM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature]** 22b. ADDRESS **Salem** 22c. DATE SIGNED **7/23/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **7-25-62** 23c. NAME OF CEMETERY OR CREMATORY **Anutt Cem** 23d. LOCATION (City, town, or county) (State) **Anutt Dent Co Mo**

24. FUNERAL DIRECTOR **Spencer Funeral Home Inc** ADDRESS
 25. DATE RECD. BY LOCAL REG. **7/23/62** 26. REGISTRAR'S SIGNATURE **[Signature]**

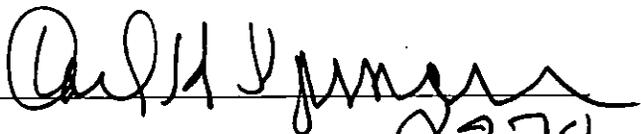
USE BLACK INK OR TYPEWRITER RIBBON

JUL 31 1962

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: 

Licensed Embalmer No. 2370

P. O. Address St. Louis, 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.