

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0014634

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137  
Primary Registration District No. 3023 Registrar's No. 122

MMF ILED 04 64

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |                           |  |                            |
|--|---------------------------|--|----------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY Henry   |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri COUNTY St. Clair  |                            |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>TOWN Clinton  |                           | c. CITY OR TOWN Osceola  |                            |
| Length of stay in 1b<br>5 Months   |                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                            |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION K. bar H. Rest Home   |                           | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |                            |
| 3. NAME OF DECEASED<br>(Type or print) Charles A. Callahan   |                           | 4. DATE OF DEATH<br>Month Day Year April 29, 1964  |                            |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>          | 8. DATE OF BIRTH<br>5/2/75 |
| 9. AGE (last birthday)<br>88   |                           | 10. IF UNDER 1 YEAR<br>Months Days Hours Min.  |                            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Lumberman   |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>Timber  |                            |
| 11. BIRTHPLACE (City and state or country)<br>Cedar County Missouri  |                           | 12. CITIZEN OF WHAT COUNTRY<br>USA   |                            |
| 13a. FATHER'S NAME<br>William H. Callahan  |                           | 13b. MOTHER'S MAIDEN NAME<br>Mary Gannaway   |                            |
| 14. NAME OF HUSBAND OR WIFE<br>Lettie Callahan   |                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, No or unknown) (If yes, give war or dates of service)<br>No   |                            |
| 16. SOCIAL SECURITY NO.<br>None  |                           | 17. INFORMANT<br>Lois Peterman, Raytown Missouri   |                            |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Generalized Arteriosclerosis - Organic<br>DUE TO (b)<br>DUE TO (c)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                           | INTERVAL BETWEEN ONSET AND DEATH<br>6 mos.   |                            |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>Hematuria - Etiology undetermined   |                           | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                            |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |                           | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                            |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                           | 20c. TIME OF INJURY<br>Hour a.m. p.m. Month, Day, Year   |                            |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                           | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                            |
| 20f. CITY, TOWN, OR LOCATION<br>Clinton Missouri   |                           | COUNTY STATE   |                            |
| 21. I attended the deceased from 4-18-64 to 4-29-64 and last saw him alive on 4-29-64<br>Death occurred at 12:noon m on the date stated above, and to the best of my knowledge, from the causes stated.  |                           | 22a. SIGNATURE (Degree or title)<br>W. W. Bradshaw, M.D.   |                            |
| 22b. ADDRESS<br>Clinton Missouri   |                           | 22c. DATE SIGNED<br>5/1/64   |                            |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |                           | 23b. DATE<br>5/2/64  |                            |
| 23c. NAME OF CEMETERY OR CREMATORY<br>Humansville  |                           | 23d. LOCATION (City, town, or county) (State)<br>Humansville   |                            |
| 24. FUNERAL DIRECTOR<br>Goodrich Funeral Home, Osceola Mo  |                           | 25. DATE RECD. BY LOCAL REG.<br>May 2 1964   |                            |
| 26. REGISTRAR'S SIGNATURE<br>Mildred Bigum   |                           |  |                            |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAY 22 1964

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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.

0-23

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Paul J. [Signature]*

Licensed Embalmer No. 3990

P. O. Address *Osceola 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.