

FILED DEC 6 1954

STANDARD CERTIFICATE OF DEATH 5506 State File No. 37177

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 3023 Registrar's No. 81

0420

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Davis)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Davis) Twsp.	
c. LENGTH OF STAY (In this place) 7 wks		d. STREET ADDRESS (If rural, give location) R.R. #5 Clinton	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. # 5 Clinton			

3. NAME OF DECEASED (Type or Print)	a. (First) Lula	b. (Middle) Britanna	c. (Last) Callahan	4. DATE OF DEATH (Month) (Day) (Year) November 26 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widower	8. DATE OF BIRTH Feb. 6, 1875	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Bates County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Isaac Smith	13b. MOTHER'S MAIDEN NAME Margaret Bell	14. NAME OF HUSBAND OR WIFE Thomas Callahan
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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 None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Cletis Suiter Clinton, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary emboli		INTERVAL BETWEEN ONSET AND DEATH 3 hrs 3 wks 2 yrs.
	ANTECEDENT CAUSES Asteroid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) anemia		
	DUE TO (c) hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-15, 1952, to 11-26, 1954, that I last saw the deceased alive on 11-26, 1954, and that death occurred at 12:30P m., from the causes and on the date stated above.

23a. SIGNATURE R. J. Powell (Degree or title) Do	23b. ADDRESS Clinton, Mo.	23c. DATE SIGNED 11-27-54
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 28, 1954	24c. NAME OF CEMETERY OR CREMATORY Peaceful Home	24d. LOCATION (City, town, or county) (State) Henry Co. Missouri
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DATE REC'D BY LOCAL REG. NOV-28-54	REGISTRAR'S SIGNATURE Florence Adair 422	25. FUNERAL DIRECTOR'S SIGNATURE J. E. Consohl	ADDRESS Clinton, Mo.
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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.

Student
Student Embalmer

Signed Eugene R. Brackley

Licensed Embalmer No. 4680

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.