

FILED MAY 13 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124 68 0015486

CERTIFICATE OF DEATH

Registration District No. 55

Primary Registration District No. 4088

Registrar's No. 57

DO NOT WRITE
ON THIS SUBVS 300
Rev. 1/68

9. 1
10a. 95
10b.
11. 0
12. 2
13. 4409
14. 4
15. 9
16.
17.
18. 2
19. CREDITS
20. 1-0

4. 0170
5. 90

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6. 0170

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Lela		May		Callaway				2. Female	May 6, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		95		4 6		51.		6. Dec. 10, 1872		7. Carroll
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)						
10. Hale		No		Home						
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)				
11. Missouri		1. USA		10. Widowed		11. Richard Callaway (Deceased)				
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY						
12. 488-56-5643T		13. Housewife		13b. Home						
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER		
14. Missouri		14b. Carroll		14c. Hale		14d. No		14e. R R Hale		
FATHER—NAME		FIRST		MIDDLE		LAST		MOTHER—MAIDEN NAME		FIRST MIDDLE LAST
15. John						Parker		16. Mary		Wilson
INFORMANT—NAME		MAILING ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
17a. Mrs. Faye Luons		17b. Hale, Missouri								
PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
(a) Congestive Circulatory Failure		(b) Cardiac Decompensation		(c) Arteriosclerosis						
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), (b), (c), STATING THE UNDERLYING CAUSE LAST										
PART II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a))		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						
20. Bronchial Pneumonia		19a.		19b.						
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				
20a.		20b.		20c.		20d.				
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION		(STREET OR R.F.D. NO., CITY OR TOWN, STATE)				
20a.		20b.		20c.		20d.				
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON		I DID/DO NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. Feb. 14 59		21b. May 6-68		21c. 5-4-68		21d.		21e. 11A.		21f. 11A.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		MONTH DAY YEAR		DEGREE OF DEATH		DATE SIGNED (MONTH, DAY, YEAR)
22a.		11 A.		22b. 5-6 68		22c. 11A.		22d. 5-7-68		22e. 64643
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OF TITLE		CITY OR TOWN		STATE		ZIP
23a.		23b. Norman F. Hansen		23c. Hale		23d. Mo.		23e. 64643		
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE				
23a.		23b.		23c.		23d.		23e.		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE		
24a. Burial		24b. Hurricane		24c. Hale		24d. Missouri				
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)								
24a. May 18, 1968		24b. Anti-Lindley Funeral Home Hale, Missouri								
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR						
25a.		25b. Mary Dean		25c. May 8, 1968						

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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. 4822

P. O. Address Chillicothe 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..