

DEC'D OCT 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32206

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
(b) Township _____ Primary Registration District No. 2001 Registered No. 691
(c) City Springfield (d) Street No. Springfield Baptist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George Claude Calton
(a) Residence, No. Aurora Mo. St. Aurora Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Calton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct, 31-1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
 54 10 5 ~~11~~

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as saw mill, bank, etc. Grocery Store
10. Date deceased last worked at this occupation (month and year) Aug, 24 1938 11. Total time (years) spent in this occupation 10yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Verona Missouri.

FATHER 13. NAME Levi Calton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER 15. MAIDEN NAME Rachel Sanders

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Mrs Mary Calton Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE Sept, 8 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas A. George

20. FILE Sept 6 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept, 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 29 1938 to Sept 6 1938

I last saw him alive on Sept 6 1938 Death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cecum Date of onset 40

Other contributory causes of importance:

Name of operation Resection of Cecum Date of 9-2-38

What test confirmed diagnosis Microscopic Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify E. R. Roseberry (Signed) _____, M. D.

(Address) 618 Woodruff Bldg.

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,

Herman Surridge

or by

Registered Apprentice No., working under my personal supervision.

Signed

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.