

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

40608
 Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 732
 (b) Township Monter Primary Registration District No. 4437 Registered No. 732
 (c) City Higbee, Mo (d) Street No. 5 671 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

(a) Residence, No. 411 1/2 Higbee, Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Dora Calvert
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25, 1878
 7. AGE YEARS 61 MONTHS 9 DAYS 23 (If LESS than 1 day,hrs. ormin.)
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1939
 22. I HEREBY CERTIFY, That I attended deceased from April 31, 1939, to Nov 16, 39
 I last saw him alive on Nov 15, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County, Mo

Cerebral Hemorrhage Apr. 31 1939
2nd " " Nov 14, 1939
Endarteritis which resulted in amputation of left leg in June 1939
 Other contributory causes of importance: None

FATHER 13. NAME James Calvert 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County, Mo

Name of operation none Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? No

MOTHER 15. MAIDEN NAME Dicy Ann Dodson 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X 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

17. INFORMANT (ADDRESS) Dora Calvert Higbee, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Higbee DATE 11-18 1939

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) W. H. Dueden, D.D.
 (Address) Higbee, Mo

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. J. Gunnison Moberly, Mo
 20. FILED Nov. 17, 1939 J. W. Winn, R.R. 6 Local Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 12-39-2131

Date Filed DEC 9 1939

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Orvil Roberson

Licensed Embalmer No. 4101

P. O. Address Highland, N.J.

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.