

S. No. 2
M-5-42
7-5-17-39
P1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23416

State File No.

Registrar's No. 177

FILED JUL 17 1945

Registration District No. 38

Primary Registration District No. 2006

1. PLACE OF DEATH

(a) County Boone
 (b) City or town Columbia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Ellis Fischel State Cancer Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 36 days (Specify whether
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 416
 (c) City or town Grinerille, Missouri '0
 (If outside city or town limits, write "RURAL.")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Calton, Elmer Eldon

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M O 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Blue Calton 6. (c) Age of husband or wife if
 alive 64 years
 7. Birth date of deceased 72 (Month) 5 (Day) 15 (Year)

8. AGE: Years 72 Months 5 Days 15 If less than one day
 hr. min.

9. Birthplace Warren Co. Ind. 1
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John W. Calton

13. Birthplace Indiana
 (City, town, or county) (State or foreign country)

14. Maiden name Josephine Bass

15. Birthplace unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Blue Calton

(b) Address West Plains, Mo.

17. (a) Burial + Removal (b) Date thereof 6-19-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Plains, Mo

18. (a) Signature of funeral director Parkers

(b) Address Columbia, Missouri

19. (a) 6-19-1945 (b) Calton, H. Barber
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th
 year 1945 hour 2 minute 1 P.M.

21. I hereby certify that I attended the deceased from
May 14, 1945, to June 19, 1945,
 that I last saw him alive on....., 19.....;
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration Several days
 Due to T

Due to.....
 Other conditions Basal Cell Carcinoma of Nose 10 year
 (Include pregnancy within 3 months of death)

Major findings: Of operations..... Of autopsy see above
 PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?..... (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place)

While at work?..... (e) Means of injury.....
 23. Signature James V. Ackerson (M. D. or other) M.D.
 Address Columbia Hospital Columbia Mo Date signed 6/19/45

1250

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 9

District File Number

Date Filed 7-16-45

MAY 8 1948

MAR 29 1946

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

M. W. McKittrick

Licensed Embalmer No.

3893

P. O. Address

Columbia, Md.

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.