

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 880

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Green		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Laclede 53	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Smith. 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital 0		d. STREET ADDRESS (If rural, give location) near Stoutland, MO. 1	

3. NAME OF DECEASED (Type or Print) a. (First) Roy M. Calkin b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jan. 16, 1949			
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1	8. DATE OF BIRTH March 25, 1892	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Camden County, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Wm. M. Calkin	13b. MOTHER'S MAIDEN NAME Susie E. Newland	14. NAME OF HUSBAND OR WIFE Roy M. Calkin	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) yes World War one	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME L.M. Calkin	18. ADDRESS Stoutland, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> <u>6-10-49</u> X		INTERVAL BETWEEN ONSET AND DEATH
	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> <u>3-1-49</u> DUE TO (c) <u>Cerebral thrombosis</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 1/8/49	19b. MAJOR FINDINGS OF OPERATION <u>Intestinal obstruction (small bowel)</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)

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? 0
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22. I hereby certify that I attended the deceased from 1/8, 1949, to 1/16, 1949, that I last saw the deceased alive on 1/16, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. Roland Langston - M.D.	(Degree or title)	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 1/20/49
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan. 18, 1949	24c. NAME OF CEMETERY OR CREMATORY Stoutland, Mo. Cemetery	24d. LOCATION (City, town, or county) (State) Stoutland, Laclede, Mo.

DATE REC'D BY LOCAL REG. 2-4-49	REGISTRAR'S SIGNATURE W. E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE W. R. Evans	ADDRESS Stoutland, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 8 1945

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.

Signed _____
Student Embalmer

Signed *Orisey M. Howe*

Licensed Embalmer No. *4222*

P. O. Address *Lebanon, N*

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.