

No. 300  
10-48

FILED JAN 19, 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1933

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4335 Registrar's No. 1

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Moniteau</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adoption)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Tipton</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Tipton</b>   |  |
| c. LENGTH OF STAY (in this place) <b>Life</b>  |  | d. STREET ADDRESS (If rural, give location) <b>East Morgan Street</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>East Morgan Street</b>                          |  | d. STREET ADDRESS (If rural, give location) <b>East Morgan Street</b>  |  |

|   |                               |   |   |   |   |
|---|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>EMILY</b> b. (Middle) <b>-</b> c. (Last) <b>Calhoun</b>  |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Jan, 11, 1949</b> |   |   |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify)<br><b>Widow</b> | 8. DATE OF BIRTH<br><b>April, 25th, 1859</b>                  | 9. AGE (In years last birthday) <b>89</b>                         | IF UNDER 1 YEAR<br>Month <b>9</b> Day <b>16</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At home</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>                        |   | 11. BIRTHPLACE (State or foreign country)<br><b>Tipton, Mo. U</b> |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>America</b>  |                               |   |   |   |   |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME<br><b>Polyadore Weesen</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Poliana Draulaunts</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>W.A. Calhoun (Deceased)</b>                          |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |  | 16. SOCIAL SECURITY NO.<br><b>None</b>                 |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Anna Mayhew (Daughter) Tipton, Mo.</b> |  |

|   |  |   |  |  |   |
|---|--|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of stomach</b><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Malignant</b><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>151</b> |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Subacute</b> |
|---|--|---|--|--|---|

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 19a. DATE OF OPERATION                             |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>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) m. |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?  |  |

22. I hereby certify that I attended the deceased from Dec 1, 1948, to Jan 11, 1949, that I last saw the deceased alive on Jan 3, 1949, and that death occurred at 4:00 P.m., from the causes and on the date stated above.

|  |  |                                   |  |   |  |
|--|--|-----------------------------------|--|---|--|
| 23a. SIGNATURE (Degree or title)<br><b>C. F. Schubert DO</b> |  | 23b. ADDRESS<br><b>Tipton, Mo</b> |  | 23c. DATE SIGNED<br><b>1-12-49</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24b. DATE<br><b>1/14/49</b>       |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Moreau Cemetery</b>                    |  |
|  |  |                                   |  | 24d. LOCATION (City, town, or county) (State)<br><b>4 Miles S.E. Tipton, Mo</b> |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG.<br><b>Jan. 15, 1949</b> |  | REGISTRAR'S SIGNATURE<br><b>Ms. Maude Hudson</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>203 E. Richards Tipton, Mo</b> |  |
|--|--|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JAN 18 1949

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 .....  
Student Embalmer

Signed James E. Richards  
Licensed Embalmer No. 2466  
P. O. Address Lipton, 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 this body is not embalmed, fact should be so stated above.