

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11484

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone Co Hosp'l</u>		d. STREET ADDRESS (If rural, give location) <u>214 Aldeah ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Orelia</u> b. (Middle) <u>Calvert</u> c. (Last) <u>Calvert</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 1949</u>	
5. SEX <u>F. /</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 18 1862</u>
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Howard Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Jack Ferris</u>	
13b. MOTHER'S MAIDEN NAME <u>Sally Ann Ridgeway</u>		14. NAME OF HUSBAND OR WIFE <u>Ed Calvert</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Andrew Calvert</u> ADDRESS <u>Home City</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> ANTECEDENT CAUSES DUE TO (b) <u>Fracture rt femur</u> <u>11 months</u> <u>2</u> DUE TO (c) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9620</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/> ACCIDENT		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-6-1949 2:30 p.</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. HOW DID INJURY OCCUR? <u>Fell on rug at home.</u>	
22. I hereby certify that I attended the deceased from <u>March 3, 1949</u> , to <u>April 7, 1949</u> , that I last saw the deceased alive on <u>April 7, 1949</u> , and that death occurred at <u>12:35 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles A. Leech, M.D.</u> (Degree or title)		23b. ADDRESS <u>Columbia, Mo</u>	
23c. DATE SIGNED <u>4/9/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Apr 9th 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sulphur Springs</u>	
24d. LOCATION (City, town, or county) (State) <u>Howard Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Powell</u> ADDRESS <u>Columbia Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 10 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1029

Date Filed APR 19 1949
District File Number

District Health Officer No. 9,

RECEIVED

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

Lynne H. Spunkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.