

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4723

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Beaudia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Beaudia</u>	
c. LENGTH OF STAY (In this place) <u>25 years 11 mos</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 miles East - Highway 70</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Home for Aged Baptists.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nannie</u> b. (Middle) <u>Calhoun</u> c. (Last) <u>Calhoun</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July 26, 1877</u>
9. AGE (In years last birthday) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Her home</u>	11. BIRTHPLACE (State or foreign country) <u>Cooper County, Mo</u>
11. BIRTHPLACE (State or foreign country) <u>Cooper County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	13a. FATHER'S NAME <u>John B. Clark</u>	
13a. FATHER'S NAME <u>John B. Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Belle Fitzworth</u>	14. NAME OF HUSBAND OR WIFE <u>John Calhoun</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. R. Bessney</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, asthenia, etc. - It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute bilateral bronchial pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic arthritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>senility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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?	
22. I hereby certify that I attended the deceased from <u>1-17</u> , 19 <u>50</u> , to <u>1-28</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-24</u> , 19 <u>50</u> , and that death occurred at <u>11:51 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. E. Harland, M.D.</u> (Degree or title)		23b. ADDRESS <u>118 N. Main St. Ironton, Mo</u>	23c. DATE SIGNED <u>2-6-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-30-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baptist Home, Private Ironton Mo.</u>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>Feb. 13, 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Arrie Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>	ADDRESS <u>Ironton Mo.</u>

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

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RECEIVED

FEB 23 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-262

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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 *Richard White* \_\_\_\_\_

Licensed Embalmer No. 2012 \_\_\_\_\_

P. O. Address *Quinton, Va.* \_\_\_\_\_

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.