

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34069

BIRTH NO. _____ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 2684 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <i>Lin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Lin</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural (Clay)</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural (Clay)</i> 0580	
c. LENGTH OF STAY (in this place) <i>30 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>4 miles W. of Linneus</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>4 miles W. of Linneus</i>		d. STREET ADDRESS (If rural, give location) <i>4 miles W. of Linneus</i>	
3. NAME OF DECEASED a. (First) <i>WILBER</i> b. (Middle) <i>BRUNSKILL</i> c. (Last) <i>CALVERT</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>10-16-1950</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>2-10-1866</i>
9. AGE (In years last birthday) <i>84</i>		10. KIND OF BUSINESS OR INDUSTRY <i>Agriculture</i>	11. BIRTHPLACE (State or foreign country) <i>Wisconsin</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13a. FATHER'S NAME <i>Simon Calvert</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Vickerman</i>	14. NAME OF HUSBAND OR WIFE <i>Hattie</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Vernon Calvert, Linneus, Missouri</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Nephria</i> ANTECEDENT CAUSES <i>Chronic Interstitial Nephritis</i> <i>General Arterio Sclerosis</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
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) 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 <i>Aug 15, 1950</i> , to <i>Oct</i> , 1950, that I last saw the deceased alive on <i>Oct 5, 1950</i> , and that death occurred at <i>2 P</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Roy B. Haley M.D.</i>		23b. ADDRESS <i>Brookfield Mo.</i>	
23c. DATE SIGNED <i>Oct 18, 1950</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>10-18-50</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>IOOF Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Linneus, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>Oct 18, 1950</i>		REGISTRAR'S SIGNATURE <i>Mrs. Audie Kelley</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Brothers General Home, Linneus, Mo.</i>		ADDRESS	

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

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Date Received: OCT 25 1950
DISTRICT HEALTH OFFICE #
District File Number 10-50
Date Filed: OCT 25 1950

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 W. R. Wright

Licensed Embalmer No. 46.55

P. O. Address Spokane, Missouri

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.