

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38193

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3059		Registrar's No. 371			
1. PLACE OF DEATH a. COUNTY ST. FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE		d. STREET ADDRESS (If rural, give location) 527 N. LONG ST.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 527 N. LONG ST.				d. STREET ADDRESS (If rural, give location) 527 N. LONG ST.					
3. NAME OF DECEASED (Type or Print) WILLIAM WALLACE CALVERT			4. DATE OF DEATH (Month) (Day) (Year) Nov. 14 1950						
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH MAY 2 1898			
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months 6 Days 12		IF UNDER 24 HRS. Hours Min. 					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIGHT WATCHMAN			10b. KIND OF BUSINESS OR INDUSTRY ST. JOSEPH LEAD CO			11. BIRTHPLACE (State or foreign country) BONNE TERRE MO			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME GEORGE FRANCIS CALVERT		13b. MOTHER'S MAIDEN NAME KATIE LOUISE HORTON		14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE		17. INFORMANT'S SIGNATURE OR NAME MARGARET CONNELLY ADDRESS 110 N.W. 28th OKLAHOMA CITY OKLA.					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Verdier Coarctation "Necrosis" ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) same to his death from natural causes... DUE TO (c) Causes... II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7955	
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.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bonne Terre St. Francois MO					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 14 1950 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Paul Rudloff, acting coroner				23b. ADDRESS Linnenton Mo		23c. DATE SIGNED 11/20/50			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL		24b. DATE NOV. 18, 1950		24c. NAME OF CEMETERY OR CREMATORY ST. FRANCOIS MEMO. PK.		24d. LOCATION (City, town, or county) (State) BONNE TERRE MO			
DATE REC'D BY LOCAL REG. Nov 20 1950		REGISTRAR'S SIGNATURE Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE Benham Hall		ADDRESS Bonne Terre Mo			

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10. 48

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 27 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Clarence J. Graywell

Signed _____
Student Embalmer

Licensed Embalmer No. *3706*

P. O. Address _____

Bonne Terre 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.